

M O T I V A T I O N
O F
A T T E M P T E D S U I C I D E .

An Investigation of 87 Cases of Unsuccessful Suicide,
EDINBURGH. 1932 to 1933.

by

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MOTIVATION OF ATTEMPTED SUICIDE.

"Vetat Pythagoras injussu imperatoris, id est Dei, de
praesidio et statione vitae decedere."

Cicero De Senec.XX

"Rebus in adversis facile est contemnere vitam,
Fortiter ille facit, qui miser esse potest."

Ovid.

"Neither the individual's behaviour nor that of the group is to be explained in terms of instincts and habits. Instead, we suppose that the behaviour of the individual is to be accounted for in terms of his organic structure on the one hand, and his physical and social environment on the other."

R.H.Wheeler.

The Science of Psychology.

What has been said about mental disorder is true also of attempted suicide, namely:

"There is never in a given case one single aetiological factor, but always a constellation of them. Moreover, the cause is not a bolt from the blue, nor a mysterious entity destined to implant itself at a certain epoch on unprepared soil; the "cause" is a process; something that moves and shapes itself in the passage of time."

Henderson and Gillespie.

Textbook of Psychiatry. p viii.

"Where attempted suicide is in question, there is no insistence on procuring proper medical attention, when the individual is released, nor enquiry as to where that attention will be obtained."

Sir Hubert Bond.

British Medical Journal. Aug. 8. 1931

A C K N O W L E D G E M E N T S

The extensive range of enquiry has placed the writer under a debt of gratitude to a large number of people.

First and foremost I must acknowledge the inspiration derived from the late Prof.G.M.Robertson, whose interest in and conviction of the importance of such study prompted this investigation and made it possible.

Next it is my pleasure to record the generous help of his successor, Prof.D.K.Henderson, who patiently endured frequent inroads upon the time of a busy man and assisted me with criticism and suggestions, as well as advising me where desired information could be procured.

It is to the courtesy and kindness of the Dean of Medicine that I owe the opportunity to study cases recovering at the Royal Infirmary, and I should like to thank him and the Infirmary Authorities for the privilege extended.

It is difficult to indicate the numerous demands which I have made upon Professor Lelean, at the Usher Institute. His interest and kindness and practical suggestions have been of the greatest help.

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For medical notes and histories, I am indebted to Dr. Mathewson, Chief of Ward III, at the Royal Infirmary, and to numerous medical practitioners.

For Library facilities, I have to thank the Dean of Medicine, and Professor D.K Henderson, and through him the Royal College of Physicians.

MOTIVATION OF ATTEMPTED SUICIDE IN SCOTLAND
AND PARTICULARLY IN EDINBURGH.

1932 - 1933.

FOREWORD:

Limits of the enquiry.

In this thesis, ineffective attempts at suicide are studied. They are local attempts, and are studied in their setting. All but four of the cases are Scots born; and three quarters of them have lived in Edinburgh all their lives.

It is because the cases are Scottish that a survey of suicidal attempts, both successful and unsuccessful, over a period of seven years, has been included for Scotland and particularly for Edinburgh. Any reference to other countries is incidental.

An attempt was made to ascertain current attitudes towards suicide in Edinburgh by distributing a questionnaire to two groups of local people, one above thirty years, the other between 19 and 29 years.

References in the daily press are frequent and sometimes sensational. Comments upon cases where the individual concerned was known to the family seemed likely to be more reliable as indicating the feeling inspired by the act, however; and these were reported in answers to the Questionnaire.

References/

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References to suicide in school literature and in Holy Writ are worth study as typifying the attitude to be met with in serious reading; but it would be beyond the scope of this enquiry to develop this interesting issue.

How it has come about, historically, that existing attitudes are what they are and not other might well be investigated, but it forms no part of the present study. In a careful search of earlier studies, it was discovered that extremely few investigations of abortive attempts have been made. In 1913, Dr Norwood East published in the Journal of Medical Science a valuable analysis of 1000 cases admitted to Brixton Prison. These cases were all males. They were examined as to their mental state at the time of the suicidal attempt and as to the motives which influenced them. The notes were designed to assist the magistrates when each case was dealt with; and were made when the men were on remand, usually for one week. It was impossible for Dr East to visit the homes or to obtain satisfactory family histories or even personal histories. As it stands, the study is of signal interest, but it is extensive rather than intensive in character. There is no other British account of personal investigation of abortive suicidal attempts. French and German studies deal mainly with the completed act; though there are French statistical data available regarding ineffective attempts as well as successful ones. Bureaus in

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New York, in Vienna, and in other Continental cities are now compiling data from which authoritative accounts of abortive attempts at suicide should soon be published. As yet, statistical analyses are all that is available.

Both in United States of America and in Europe, much work has been done to determine the incidence of suicide - geographical, racial, national, urban and rural. A considerable amount of labour has gone to demonstrate age and sex distribution, variation according to marital condition, occupational incidence, frequency of the various methods employed, and of accompanying circumstances. Economic, social, religious, and personal factors have been discussed; and the medical and psychiatric aspects examined. Preventive work has been promoted in many centres as a result of studies of the later type. The Catholic Church, the Salvation Army, and other religious bodies have long understood the need for and the value of full and free statement of the ground for anxiety, fear, guilt, or grief. Yet there exists little ordered information as to the motivation found, where adequate research was carried out.

The purpose of the present thesis is to illustrate the situations in which local attempts occurred, to make clear the family and personal setting, and to give the individual's account of his own act.

In order to avoid undue selection of cases, each case was investigated that was admitted to the appropriate Ward of the Royal Infirmary, Edinburgh.

T A B L E O F C O N T E N T S.

ACKNOWLEDGEMENTS.

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SECTION I.

INTRODUCTORY.

SECTION I.

At the request of the Dean of Medicine, the authorities of the Royal Infirmary, Edinburgh, very courteously made it possible for cases recovering from attempts at suicide in Ward III to be investigated. It was decided to study all cases occurring from July 1932 to July 1933. In this way it was hoped to avoid selection. All attempts that prove to be abortive are not dealt with at the Royal Infirmary. Probably twice as many are seen privately. Partly, it is a question of means, though a considerable number of cases come to the Infirmary who are by no means destitute. What it was important to know was whether the Infirmary cases differed markedly in endowment and character traits from the cases dealt with in their own homes. Each private practitioner sees a small number of these cases during the year, but the number is too small to be very useful as a basis for comparison. A considerable number are seen privately by the Professor of Psychiatry. As he also sees the Infirmary cases, it was important to obtain his description of the two cases. This was done, the Professor considering that as far as intelligence was concerned, there was nothing to choose between the two. In each group he finds insane and unstable individuals; in each are those whose attempts have been influenced by alcoholism. The main difference is one of financial standing. Those whose relatives dislike publicity and are prepared to incur expense to avoid it send for a medical man or a specialist in nervous disorder when such attempts are made within the home. There was nothing/

nothing remarkable in regard to sex, age, marital condition, or general health to distinguish the two groups.

Consequently, it seems permissible to regard the Infirmary sample as representative of unsuccessful attempts at suicide in Edinburgh.

It was very convenient from a research point of view that the sample could be drawn from one Ward in a given hospital. Uniformity of approach was made possible. Patients were interviewed under comparable conditions when under the care of the same Staff of doctors and nurses. Police interviews occurred early in the recovery period with all but 7 patients. Those who had been brought in to the Infirmary from outlying districts were not under charge. Until the police interview was over and the patient could be reassured as to ordeal to be faced on leaving hospital, there was a common disinclination to speak frankly about the act and its meaning to the individual. In the meantime, enquiries were restricted to enquiry as to the patient's recent health, the nature of his employment, his opportunities for social contacts and for recreation.

When rapport had been fully established, enquiry was made into family and personal history. It was usually when particulars were sought as to the developmental period, that the patient referred the writer to his mother or elder sister or aunt, or some other near relative likely to remember more accurately than he could do about his early years and childish ailments.

This/

This invitation was always availed of. Not only was it revealing to see the home surroundings, but it was important to note the family attitude towards his act, their affection for him, and their idea of his difficulties and personal griefs.

The next step in investigation was to invite self description by each patient. At first this account was quite informal; then, lest any point should have been omitted, two forms were presented and these he filled in with the assistance of the investigator. Where the patient was illiterate, the wording of each query was simplified, and where sight was defective, the actual marking was done at the patient's dictation. From such self-description (See forms at end of thesis.) it was easy to pass to standard tests of temperament and intelligence. Occasionally, an individual who had unhappy memories of school failure found the performances unpleasantly suggestive of examinations: "It makes me feel 'soft'" murmured a lad of 20, who had been educated like his sister at a special school for backward children. "What's this for? I'm not mad!" objected a young woman of thirty whose difficulty in spelling made her reluctant to do any writing at all. As soon as she was complimented upon her performance with the Mazes, (See test-sheets at end of thesis.), her good-humour returned, and the investigator avoided tests with written answers when dealing with that patient. Even the paranoid patients soon adjusted to the performance tests, most of them seeking to win compliment or appreciation/

appreciation of their efforts. The record of likes and fears was baulked at by two patients, one commenting that it would tell too much, and the other hinting that she regarded it as a trap. One sick man cooperated splendidly when the tests were difficult, but his dignity was hurt by the easier Mazes. "Am I, a man of 35, to be given children's puzzles?". It was necessary to assure him that more difficult ones would follow, before he would continue.

When the patient felt that he had told so much about himself that it should surely be possible to understand his special hardships, enquiry was made into the circumstances attending the suicidal act. As the police report and the statements of relatives had already been obtained, there were a good many checks upon accuracy. Naturally, it would not have done to indicate disbelief (though the group evinced a surprising unconcern regarding misstatements), but it was possible after noting the kind of modification introduced to look puzzled and say, "Are you sure you are remembering correctly? You have had such a lot of worry that I think you must be a little confused about what occurred, because when I went to see your mother, she said:...." This reminder was enough for a little while, then embroidering would begin again.

In later pages, there is reference to those professing amnesia for the event. Only one persisted to the end in her denial. As she was the aphasic patient whose case notes are given rather fully,

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fully, there is no need to discuss the genuineness of her memory lapse here.

After discharge from the hospital it was possible in numerous cases to make subsequent enquiries. These later visits always yielded valuable material. Where the patient was making good, he was often ready in contrasting the present with the past to throw new light upon his difficulties and incidentally upon his power to adjust to them. When he was again in trouble, his people spoke more frankly than before about his handicaps and faults. Many willingly repeated performances and intelligence tests in order to show "how much better they could do when quite themselves." Save where coaching effect was to be expected, there was no case whose hospital performances proved to have been unfair to him. This was doubtless due to the fact that until the patient was considered well enough to be examined, he was not approached, and the testing was not all done on one occasion. Nor was the battery of tests employed a meagre one. Where carelessness or fatigue marred a given result, there was plenty of scope for subsequent cancellation of the error.

ON grouping the Infirmary cases as inevitable, unnecessary, and accidental, we find that the largest number of suicidal attempts were preceded by danger signals, easy to recognise if known about. In some cases they were recognised, in others their significance was not known to relatives or friends. But what is important is that appropriate measures were not taken to ensure the safety of the individual whose behaviour gave cause for alarm.

A large number of attempts are inevitable in society organised as it is; some occur in spite of thoughtful care but these are not numerous.

Those classed as inevitable might be transferable to the group called unnecessary, were it possible to eliminate certain powerful conditioning factors. Such elimination seems quite unlikely to occur.

For example, there is no hindrance in Scotland to the marriage of mentally defective individuals. Indeed, such marriage is often facilitated, by parents glad to hand on the expense and difficulty they have shouldered for so long, or anxious to secure a protector for one incapable of proper self-care; by authorities unwilling to prosecute an offender regarded as simple or soft, especially if it be a girl; and by other authorities merely because there is not institutional provision for all those in need of it, and they think it unlikely that there ever will be. Meanwhile, the particular defective cannot fend for herself, and here is someone willing to contract to love and cherish her. The fact that the contractor cannot know the implications of his bargain is not dwelt upon.

8% of the cases at the Infirmary were married defectives four of them being very seriously defective indeed.

Probably the marriage of mentally deficient individuals could be made illegal. By definition, they are minors, mentally, and should not be capable of contracting in the legal sense; and marriage is a legal contract, whatever else it is.

Moreover, many people are alive to the unfortunate lot of children whose guidance and training are in the hands of indulgent but feeble-minded mentors.

Securing a statute does not ensure enforcement of that statute and, indeed, a study of the unfortunate provision for ascertainment of feeble-mindedness in Scotland makes it very clear that such enforcement could only be sporadic and uncertain.

Again, there is no control of private drinking. Provided the individual has the wherewithal to get liquor, provided he has opportunity to consume it without offending the public, there is no machinery for restraining him from unwise indulgence and from accompanying illconsidered acts, even though it is known that he is not a "good subject for drink".

Further, there is social pressure upon wayward girls of different quality and intensity from that upon wayward boys.

Neither of these determinants seems likely to be eliminated.

duction C.

PREVENTIVE WORK: {LIMITATIONS.
SCOPE.

Limitations: Because poor poise, inferior judgment, suggestibility and ill-health are not eradicable from the community at will nor by legislation, there are definite limits to what we can look for in the way of prevention of suicide.

Moreover, it is difficult and often impracticable to simplify routine appropriately to individual capacity; and the number of attempts of poorly endowed individuals who have not measured up to the requirements of their niche in home or shop is likely to continue rather large.

Preventive measures would not reach the normal persons whose inclination to suicide has only arisen after long-continued stress, coupled with genuine grievance and fatigue.

Scope: a. During the formative period there should be ascertainment of those individuals who are, by disposition and faulty intellect, potential suicides.

Steps should then be taken to ensure that relatives appreciate the need for an uncomplicated role and little responsibility, in these cases.

Where family guardianship is impracticable, self-support in institutions or under a supervisor is indicated.

Marriage of such individuals should be discouraged, and only permitted, where the partner fully understands the instability and unfitness for crises, and can guarantee financial security.

b. Medical education should include instruction as to the danger-signals, the stress being greater than at present.

Such danger signals are:

- a. Exaggerated impatience of discipline and regulations
Wilful, defiant, imprudent conduct.
Reckless threats.
Inability to adjust to changed circumstances,
emotionality, etc.
- b. Signs of depleted energy, fear of effort, and of all demands upon them.
Depression, hopelessness.
Complaints of being put upon, spied upon, avoided, ridiculed, disparaged, not wanted, and "fed up".
- c. Reports of insomnia, anxiety, restlessness.
Loss of interest, forgetfulness, inability to concentrate.
Impulsive outbursts of cruelty or rage.

~~Clerical~~ ^{of clergy} Training should include advice in regard to persons unfit to exert ordinary self-control, and unfit for responsibility, so that they, as family advisers, may help to modify the general situation, and confirm an attitude unfavorable to suicide.

The Press and other public agencies should be invited to help in the elimination of such comment as:

"A man's life is his own to do as he likes with."

"He's better out of it."

"What can you expect when a man reaches the limit of endurance.?"

Many current conceptions are illthought out, and flatter suicide.

Any articles specifically upon this topic should not be recommended.

C. It is very important that relatives or guardians of persons of any age who are unduly depressed, resentful, suspicious, or irresponsible should realise that it is their duty to secure medical and psychiatric advice about the case, as early as possible.

SECTION II.---A.

SPECIMEN CASE-NOTES.

SECTION II---A.

INFIRMARY CASES.

87 cases were first seen at the Royal Infirmary when recovering from their suicidal attempt. The group comprised 44 men and 43 women.

The males were the older group, their median age being 42 years, plus or minus 12 years, while the median age for the females was 31 years, plus or minus 9 years.

21 men were single, 5 were widowers; and three were separated from their wives, 15 were married.

21 women were single, none were widowed, seven were separated from their husbands. 15 were married.

20 men used poison, 11 used coal-gas, 11 cut their throats, and one hanged himself, while one jumped from a window.

26 women used poison, 5 used coal-gas, 3 cut their throats 6 drowned themselves, and 3 jumped from a height.

Note that none of the men attempted drowning, and only 3 women attempted to cut their throats.

Six of the men seemed to be in good physical health.

Three of the women seemed to be in good physical health.

28 men were unemployed, 4 being aged, and 15 having been without work for over a year. 6 had been dismissed, and 2 had thrown up their posts.

4 women had been unemployed for over a year; 3 had recently been dismissed, 4 had recently thrown up their posts; 3 had been paid off recently, and 1 had always lived at home.

15 of the men were heavy drinkers; 16 had been drinking at the time of the attempt, a number to give them Dutch courage.

6 of the women were constant drinkers; 4 had been drinking at the time of the attempt.

27 of the men were involved in quarrels at the time and 4 were resenting reprimand.

27 of the women were actively quarrelling when the attempt was decided upon, and 8 had been reprimanded.

SPECIMEN CASE-NOTES.

CASE NUMBER.	PROMINENT FEATURE.	PLACE IN FAMILY.	MARITAL AGE.CONDITION
1. 63 Male.	Paraphrenia. ①	Youngest of 6 Both parents living.	33 Married (2 chn.) ✓
2. 7. Female.	Involutional Melancholia. ②	Eldest of 7. Both parents dead.	44 Married (1 illeg. ch.dead.)
3. 84 Male.	Depression in course of Arteriosclerosis. ③	Eldest of 4 Parents dead.	53 Single. ✓
4. 15. Female.	Paranoid trend associated with Diabetes. ④	Eldest of 3. Parents dead.	47 Single. ✓
5. 35. Female.	Unsatisfactory health during pregnancy. Attempt to "take children too"	Only child. Parents living.	31 Married (10 births 4 living) ✓
6. 61. Male.	Instability with alcoholism. ⑤	Illegitimate. 1st birth.	56 Married twice. (6 chn. 6 step-chn.)
7. 39. Female.	Hysteria. (Aphasic) Pregnant with twins.	Illegitimate. 1st birth.	21. Married. (1 child.) ✓
8. 81. Female.	Moron. Unstable.	Twin. (Unlike.) Eldest of 9. Parents living.	28. Single.
9. 80 Male.	Onset of schizo- phrenia.	5th of 6 chn. 1st son. Parents living.	19. Single.
10. 49 Male.	Feeble-minded boy. Schizophrenic. ⑥	3rd of 6 chn. Mother dead. Stepmother kind.	15. Single. ✓

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CASE 63. Male. Aged 33 years. Married, 2 children. Youngest of 6 children. Parents living. Army training, but no war-services. Continuous employment with same Firm, in various branches of the work. Physical health seems good. Mental ill-health of insidious onset from age, 15 years. Disposition "odd man out", unhelpful, suspicious. Ability uneven, language development good.

Place in family: Parents state that after the first four children were born, there was a gap of five years, then a son was born. Their circumstances were not good, and the family was expensive; so that the sixth pregnancy was unwelcome. The mother was worried and indisposed throughout pregnancy. "He was welcome, though, when he came." But he was the last child.

Early development: Though suckled, the breast had to be supplemented very early in infancy as he was "a hungry baby". Came on nicely till about four years old, but was less docile than the brother 18 months older. Was troubled with thread worms, and was still a greedy feeder. Was not backward in teething, walking or talking. Adventurous, mischievous.

Disease history: At four years of age, had many bad boils on the buttocks. These recurred after he started school, and one was so serious that he had to be given an anaesthetic while it was treated. After measles, he had a suppurating ear; the drum perforated, and there was dullness of hearing on that side. After leaving school he was unable to take telephone messages for the firm, because of faulty hearing. Adenoids were then removed. At puberty, he was growing fast, was said to be anaemic, and to have strained his heart. Sport was interdicted for the time being, and he had to have complete rest in bed.

→ He reports depression because of this enforced inactivity, "realised that I was different from other fellows, and it was after this that I used to feel 'odd man out'."

When about 21, he had another crop of boils on the lower trunk, and last year, dizzy turns. He consulted a doctor and was given medicine which controlled the dizziness. The turns recurred as soon as he stopped the medicine. He would have no warning of the occurrence, but/

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CASE 63 Male, 33 years. Married, 2 children.
Commercial traveller for Brewery. Temperate.

Disease history continued: but would notice himself staggering. There was a congested feeling in the head. No real vertigo. Occurrence only momentary. Seemed more frequent if he were worrying. In street, home, or at work. No particular time of day. Still occurring. "I suppose I must have a weakness of some sort." The only discomfort he complains of is "heartburn".

Parents do not consider he has ever been an individual to worry about his health, but he reports continual preoccupation with such matters as the need to take care of himself, and numerous spells of depression from 15 years of age onwards. The present breakdown he describes as "the most severe spell so far."

School period: Went willingly to school, and, except in arithmetic, kept up with his class. At twelve he was transferred to a school where he could take a commercial course. Carried his school work and was active at sport, particularly at football.

Intellectual processes: Uneven. Linguistic ability far in advance of power to plan. Imagery both verbal and visual vivid. Is considered to "have a bee in his bonnet", to be ambitious, jealous, touchy, and inconsiderate. Firm has not considered dismissing him, as his work is sufficiently up to standard.

Output of energy: Is not handy with tools; is silent rather than talkative; evasive and reticent; avoids company.

Self-assertion: Ambitious, "I'll sit in his chair, yet." Disgruntled when a newcomer was promoted over his head. "Wire-pulling." Idea of writing to the Directors about it. Easily discouraged: "Gave me a difficult district to work." Has personal dignity, but looks for slights.

Adaptability: Was described as selfish, unsympathetic, impatient, from boyhood up. No serious cleavage in family, but no special attachment. "Mother rather too maternal. Father did a lot with his wages. No marked affection for any of them." Did not like army life: It did not suit me. Did not adapt well to new duties, when transferred. Did not wish to be "hurried" into marriage. "Would rather have got my own house", in referring to marriage gift from bride's parents.

Habits/

MOTIVATION OF ATTEMPTED SUICIDE.

CASE 63: Male, 33 years. Married, 2 children. Paranoid.

- Habits of work: "If I know how to do it, I get it done and over with". "I was never one to learn anything new quickly. My mind wanders, and worse lately than ever." Does not like detail. "Rather careless and impatient".
- Moral sphere: Reliable re money. Report accurate, but tendency to evade effort. Duties neglected, "but not intentionally, never seemed able to remember other people."
- Recreation: occasional cinema, mainly reading. Until he married usually played football, Avoids company.
- Prevailing moods: Sense of humour rather in abeyance of late years. Depression settles upon him for months at a time. "Need time to think over the meaning of what I have observed to-day; skillfully insinuated, but I am quite capable of recognising it." Easily angered and upset. Changes plans at last moment, becomes suspicious.
- Attitude towards self: Anxious because of supposed hostility and conspiracy. Self-pitying, life has no interest now. Impatient, "This can't go on". Obstinate, "You can't understand."
- Attitude towards others: Sensitive, "Avoid me." Jealous, "I ought to have had that job." Suspicious, "Watching me. Trapping me. Misrepresenting me." Antagonism, "I'd like to bash his head in". (Patient whose sniff was "significant".)
- Social reactions: "I need to be free of company at home, see too many people because of my occupation." Blames others.
- Attitude to reality: varies. Prejudiced, opinionated, often unreasonable. Sometimes recognises that he has been mistaken. Usually feels antagonism if his inferences are questioned.
- Sexual sphere: "My wife is the only one who can get me out of the depression." One of his fears is connected with a freedom (heterosexual) taken two years ago in a picture house: "Is this known? Is he wanted for that?" He talks of members of a gang threatening him with pistols, a delusion which has a suggestive sound, but there are no occurrences or attachments to bear out the current Freudian interpretation. "I could get physical enjoyment out of life, still; otherwise all enjoyment gone."

63. Male 33 years, Married. 2 children.

Sexual sphere (Continued.) The first child came rather sooner than they wished. (Could not go out so much.) The mother had difficult labour, and dreaded the idea of a second birth. The second pregnancy vexed them both. There were no complications this time, but they decided there would be no more children. Coitus interruptus has been practised since.

"He is not a family man, like David the next brother; does not lend a hand in the home."

"My wife's mother spoils the children, gives them sweets. Of course they want to go to her then."

"My wife hasn't been to see me very frequently: I'm not blaming her. I suppose it is difficult to leave young children." (Forced manner.)

Ideals, faith, etc.: "Being kind doesn't get you far in this world.

The one who grabs most is admired. It's everyone for himself."

"A belief in a hereafter would deter me from suicide, but Keith and the scientists have exploded that idea. I act on the idea that dying is the end."

Present illness:

Onset: Wife: "He was suspicious when I first met him ten years ago."

Mother: "I think it has been coming on him a long time now."

Brother: "He's had a bee in his bonnet, this long time."

Self: "It's been pretty bad this last month. It isn't continuous; seems to go in a circle. This is the worst spell so far."

Symptoms prior to first suicidal attempt:

Considered himself envied: "They think I don't need my job, that I married money, and oughtn't to keep another man out who needs the cash."

Considered himself unjustly treated: "Too much wire-pulling. They passed me over."

Thought he was slighted and avoided at work, at the golf-club, in the street. "Turn their faces away so as not to have to speak to me."

Thought he was suspected. "That's the bobby who wants to put me on the spot."

Thought he was spied upon. Tested the skylight to make sure

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ASE 63. Male, 33 years. Married, 2 children.

ymptoms (continued.)

no one could hide up there. Would stand at the front windows for long spells, watching. Insisted on changing the bedroom from the back of the house to the front, because he thought men were prowling about. Would not undress at all some nights, and only partially on other occasions. Got up again and went out for long solitary walks in the middle of the night on several occasions.

Is sure that things are not what they seem. "There is some sinister meaning behind whatever happens." "I find it hard to make up my mind as to the real meaning of what is said or done."

Ideas of reference. "The newspaper headings convey special meaning to those in the know." "The train whistles are signals to those who are hounding me." "Everyone knows what is to happen to me!"

Self-pity: I have done anything to deserve it. It has just come about.

Fear for self: I can't sleep properly. I haven't the same vigour, can't walk as far, can't play as long, everything's an effort. I'm deteriorating in mind and body. I can't concentrate. I don't feel ready to return to my responsibilities. Nothing seems worth doing.

Fear of enemies: They are hounding me to make me commit self-murder. This torment can't go on.

Hopeless: No one understands. This ill-will is genuine, I don't what it is due to; but people don't understand and think I imagine it.

idal frame of mind. "For a month or more I have been watching for an opportunity to end things." "When depressed, there is no room for anything else in my mind, but, 'This can't go on.' Suicide seems to be the only way out. It never occurs to me how it will affect my wife or parents."

unt of the happening: Parents and Wife: In April, it was arranged that his parents would come on Monday to mind the house for the patient, while he went to St Andrews with his wife and child for a week's holiday. All arrangements had been made. On the Saturday, the parents had a hurried visit from his wife to tell them her husband had changed his mind. He had "had a warning", but did not say what it was; and would not go. They advised her not to let him know she had been and they would try to dissuade him next day. At tea, on Sunday,

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SE 63. Male, 33 years. Married, 2 children.

they spoke as though they were coming on the following morning as arranged. Then he said not to come as he was not going. When his mother showed her surprise, he became agitated and called his father out of the room. He said he had been warned not to go where there were holiday crowds and not to wear his horn-rimmed spectacles. He was trembling and could not put into words what he was afraid of. His father asked him explicitly whether his books were in order. "Oh, yes, it is nothing like that." He then asked whether he had been carrying on with a woman, "No, no, nothing like that." "Well, out with it, what is the matter?" "Oh, it is a long story; it goes a long way back." "Well I've got plenty of time. Get it off your chest." But he would say no more, except, "You don't understand." The holiday was cancelled, but he was strange all the week. On the Saturday, his wife put the children to bed, and got him to paint the garden fence, while she went across to tell his parents how alarming he was. She left shortly after six. Soon after arriving she felt uneasy and wished she had not left him; but none of them had any idea he would ever hurt himself. Instead of staying to have a cup of tea, she hurried back. She found him with his head in the gas oven with the gas turned full on. She turned the gas off and opened the scullery door, then pulled him away from the stove. In the Infirmary, he said he had a sudden impulse to take the chance of her absence. He had been watching for a chance for over a month. When asked about the children (5 years and 2 respectively), he said decidedly but indifferently, "Oh, they were alright: it was in the scullery."

Subsequently though sleep was still broken, his depression lifted somewhat, and he began to read. He spontaneously gave me the gist of an article by Bertrand Russell which he was reading as I came along. Was quite cooperative about tests, but was soon fatigued. On subsequent occasions welcomed me pleasantly, and attacked tests in business-like fashion.

Test-performances: Binet-Simon tests. Succeeded with only 1 at year 18; Passed two out of six at year 16; Passed two out of four at year 14; Failed the 10-year designs.

Woodworth-Wells' Substitution test: 11-year credit.

Kohs' Moral Standards test: 15-year credit.

Burt's Following Written Instructions: 13 year.

7.

Case 63. Male, 33 years. Married, two children.

Test-performances. (Continued.) In the test of controlled

motor activity, he took 15 seconds to write his name of 23 letters going at usual rate. This time he shortened at suggestion to 9 seconds. In three trials, he was unable to lengthen the time of writing beyond 165 seconds, i.e. he could not spend more than 7 seconds per letter. Only a moderate performance.

When asked to say as many words as he could in three minutes, any words at all, he gave only 55 words; 15 in the first half-minute, and 6 in the last.

When given the Jung Association test, his median time was 2 seconds, and there were only 26 words which required more than 3 seconds to bring a response. There were 30 failures on reproduction. He mistook the stimulus-word cow for cower; name for lane; wool for wall. The stimulus word beat brought no response at all. Words of especially long reaction time were: Friendly, pity, home, despise, cower, luck, insult, choice. The associations were: Unfriendly, mercy, house, reject, cover, chance, compliment, option. Reproductions were: unfriendly, help, house, slight, sheep, fortune, flatter, option.

When given the modified Pressey X-0 test for Likes and Fears, he marked only 22 of each, though the suicidal group as a whole (males only) marked xx 42 Likes and 39 Fears. He was well below the first quartile for both lists.

Attitude towards tests: "I am concentrating well, today. I don't think I would have done any different before I became depressed. I don't mind doing them at all if it will help you to understand my case. I am anxious to get home."

Asked to describe home discipline when he was a boy: "Mother used to scold us. We didn't like making her cross. Hadn't meant to, just forgot. If Father was annoyed, I would see to it that I kept out of his way till bedtime, or he would give me some smacks in the right place. He wasn't cruel, and if I gave him the slip till bedtime, I knew he wouldn't touch me next day; he'd have cooled off." "I don't think I was treated any different from the others because I was the youngest, not spoilt. Perhaps was kept at school a little longer, as some of the older ones were earning."

8.

Case 63. Male, 33 years. Married, 2 children.

Circumstances of marriage.

He met his wife at his brother's wedding. He was then a Traveller for the Brewery, and was twice sent by the Firm to Germany. While in Germany, the second time, he got a letter from her to say that she was leaving home, and going to live with cousins in London. He could look her up on his way home.

He did so, and they became engaged, but he had no idea that they would marry earlier than perhaps two years.

Although she had left home, because she found her mother too exacting, she now decided to return with him, so as to be nearer him, Edinburgh being his headquarters.

The girl's mother has always been a martyr to headaches, and works herself up into a fever if anyone is coming to see her in case something should not be just right; then she gets one of her headaches. The daughter was in her middle twenties by this time, and chafed at the constant comment upon her coming and going. She preferred to try and earn her living outside the home because of her mother's disposition. As she was the only child, there was no one else to share her mother's solicitude.

The mother did not take to patient; but probably would not have approved of any suitor. Her father was very pleasant. She was soon unhappy again, and because she was threatening to leave home again, her father promised the home as a wedding gift, so that he need not wait to provide one. Patient told his mother that he would rather have got his own place. His parents thought him fortunate. The girl was well enough and very fond of him, and was of suitable age. He was in a steady job, though he would need a transfer to the Home department. He did not like applying for this transfer; objected that it was unusual, that he would stir up a hornet's nest, and so forth. Actually he found the change disagreeable. He liked travelling abroad better than developing sales in local districts, and he fancied that his new chief thought him inefficient, but gave him hard districts to develop.

The wife found him suspicious. One of her girl friends wrote to say she was coming to see them, and jokingly ended, "So, mind you have a good dinner for me!" He was so offended that he sat down and wrote to her himself, saying that she need not trouble herself to visit them at all. There were other occasions too, when he took offence where none was meant.

The only way he helps with the children is to take them for an airing.

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Case 63.

Patient is a man of middle height, fleshy, and very hairy. He is mannerly, fluent in speech when ordinary topics are touched upon, but looks away when discussing his situation or symptoms. In general he seems decided, easily on his dignity, but intends to make a good impression. He is clean and neat.

Because of his good command of language and interest in reading, it is easy to over-rate his ability and particularly his adaptability.

From the time of leaving school at 16 to the present time, he has found every readjustment difficult.

The so-called "strained heart" at 15 years of age was probably the touching-off factor responsible for the colouring of subsequent depressions, until feelings of inferiority or unreadiness in the face of later situations furnished new colouring for new depressed periods. The inability to hear the telephone at his first job (though he was dull of hearing only on one side) secured a change in the office. At 18, he had to enter the army. He was nervous and glad not to be sent overseas, though I take things as they come", and did not think army life suited him. On returning to his employment, he had an attack of boils. When rid of those he complained of his eyes. They gave him glasses for slight astigmatism. Finally he settled to the travelling. His brother's wedding, meeting his present wife, the need to apply for a transfer, the hurrying of his marriage, the increase of expenses when children came (We were taxed out of existence), the feeling of incompetency, all made costly demands upon him. Depressed periods became more and more frequent, and suicide represented "the breaking point in a prolonged period of worry over persecution"

MOTIVATION OF ATTEMPTS AT SUICIDE.

CASE 7. Insane Patient. Onset of Menopause.

Attempted suicide. Drinking lysol.

Age, 44 years.

Married, no chn.

In her own home, after returning from her post as domestic. Supposed herself under suspicion for dishonesty, and did not accept reassurance on this point.

Had been employed for years in the same situation. Recently had seemed depressed and strange.

General health very fair, but menstruation is irregular. Wears comfortable dentures, and has glasses for slight astigmatism. No physical discomfort. Medical examination negative. Ability uneven, language ability of average adult other performances equal to that of a 12-year old, or lower.

Place in family. Eldest of 8 births, her mother dying at 37 after birth of the last child. The stepmother was pregnant when married, and three other children were born. Patient thought the step-mother dirty and cruel, and ran away from home at 16.

Early development. Not much is known. Both parents are now dead. Patient thinks she was breast-fed and her brothers think scarlet fever at about 13 was the only childish ailment she had at all severely. She was a lively child, self-conscious with strangers but happy in the family. Dentition irregular.

Disease history: Record is clear till 1919, when patient had to have her tonsils removed. About the same time she had attention for varicose veins. She had had slight influenza when overworking in a munitions factory, and used this illness to free herself from uncongenial post. Teeth extracted at 35. For a time had frontal headache. This cleared on obtaining glasses. At present she is uneasy about a vaginal discharge. Fears investigated and proved groundless. Neither husband nor brothers consider that she has ever been excessively preoccupied about health matters. She has been active and industrious.

School period: "Not outstanding at school, but liked it well enough. Father used to help me with my homework". She did not make friends at school, kept to herself save for her younger brothers and sisters.

Intellectual processes: Uneven. Imagery clear. Is practical and methodical. Is considered to be excessively secretive and over sensitive. Her husband says she snubs poor relatives and gushes over those well to do. She has saved her earnings consistently and/

CASE 7.

has been a lavish helper of her own kith and kin. Of late years her savings have gone to settle her husband's debts.

Output of energy: Active at household tasks. Evasive and reticent. Is too self-conscious to go into company, and has no friends outside the immediate family.

Self-assertion: plays the lady bountiful. Buys popularity, but does not retain friends. Is called a snob, because she is ashamed of her mother-in-law's illiteracy and does not like her to meet her friends, or relations. Left her husband's home on numerous occasions, twice seeking employment, and on the other occasions going to her brother to live. She poses as single in her situations, and takes a great deal of trouble to please

Adaptability: limited. Of late she has found it increasingly difficult to adapt herself to the ways of the other domestics. She has never got on well with her husband's adopted child, a boy now 13. She would like a household restricted to their two selves, but knows that her husband is hopeless about money, and that he could not clear the mortgage on their present house. As a girl, was welcomed at husband's home because of her tales about the cruel step-mother. She has not the entry to any other home besides her brother's!

Habits of work: Is methodical and clean. Gives complete satisfaction to her mistress. Even in hospital she is active in offers to help, protesting that she feels quite well.

Moral sphere: "Couldn't give a plain answer if her life depended on it", says her husband, who adds that it is a family trait, as they all love a mystery, and evade and hide. When she decided, on one occasion to return to him, she would not do so openly. He had to call for her on her days off, and pose as her young man. His mother was offended to find that she had been back some days before she even knew, though she lived with them. Is excessively curious, reads his private papers and goes through his pockets. Would not be satisfied until she had gone to the lawyer to find out whether the house were really in the mother's name. Recently has felt apprehensive in connection with some actual losses incurred by her employer. Though these are said to be baseless, the husband spoke of her baggage containing articles belonging to the employer, which he had returned to her. He regarded this as evidence that she was confused when packing. If she had been dishonest, they think it must have a recent development.

Recreation: None taken. Reads little, makes her own clothes neatly but has no hobbies. Spends nothing on herself. Very saving.

MOTIVATION OF ATTEMPTED SUICIDE.

CASE 7:

Prevailing moods: Apprehensive, either for herself or for others. She declares that she took positions after marriage because her husband did not bring her sufficient money home to manage on. She supposed that he was out of work and did not like to admit it. Actually, they lost the first home and it was her repugnance to living with the mother-in-law and the adopted son, with all the shifts they were put to, that prompted this move. Her feeling of security is bound up with a house. His habit of raising money on the house and its furnishings struck at this sense of security. Her own savings were meant to replenish the depleted home when it should be for themselves alone.

Apprehensive regarding her ability to keep hidden the facts of the disposal of her illegitimate child. She had been a girl of 17, stewardess on a boat, when the child was born. The father was a man of 35, a foreigner. There was no question of his marrying her. There was an ugly scene with the step-mother when her condition became apparent, so there was no help to be looked for in that quarter. Soon after the little girl was born, she put it through the porthole, and afterwards said it had died.

Apprehensive regarding the nature of the discharge (vaginal) referred to, above. Apprehensive lest the other domestics discuss her as a thief, and cause her arrest.

Attitude towards self: Hopeless, because she feels she cannot return to the post, and cannot endure the hand-to-mouth existence with her husband. Anxious about the future, which is so insecure: "We're not getting any younger. I might not be able to get another place. It takes such a long while to save".

Attitude towards others: Suspicious: "Watching me, trying to trap me" Intolerant: "She is too dirty, I cannot live where her old rags and belongings attract the dust." Inquisitive: "I must know what he does with his money. Is he spending it on someone else?"

Social reactions: Shrinks from all company, of late, save that of two brothers. Varies in attitude towards husband, sometimes affectionate, at other times accusing and antagonistic.

Attitude to reality: Varies. Insight is good. Complains that her memory for recent events is untrustworthy. Misconstrues events. Thus, when a bed was placed besides hers in the hospital she at once said, I suppose you are going to put a male patient there. Accepted reassurance. Again was very eager to get out of hospital, finally admitting that she supposed she would be certified if she remained beyond a certain time. Appeared to accept reassurance, but left before it was considered wise for her to do so.

Sexual sphere. /

MOTIVATION OF ATTEMPTED SUICIDE.

Sexual sphere. Both she and her husband state that sexual life is not uncongenial to her, but that she dreads pregnancy, and accordingly coitus interruptus has been practised. Before marriage, and subsequent to the early pregnancy, there were occasions when intimacy occurred. She was always a girl to boast about her conquests, but was not engaged save to her present husband, whom she married at 35. "She had been pals with him for 17 years, off and on, and would have married him years before if he had proposed", said her favorite brother.

That he liked her well enough as a friend of his sister's but had no idea of marrying her was very plain from the husband's own story. He had had a bad time as a war prisoner in Germany, and had to take care of himself. Then he adopted a Belgian refugee, and lived comfortably enough with his mother. Not until he was about 34 did he propose marriage. "She was so moody and difficult, but appealing enough in other moods." Is very searching in her queries as to his fidelity.

Ideals, faith, etc. Not unduly religious, and not given to speculation about the hereafter. Wished to appear better born than she was. "The earliest memory I have of her is drawing away from me when two people on horseback passed, so that she should not be thought to be with me. After they passed, she said she would give anything to be able to go about with people like that." (Husband.)

Present illness:

Onset: Husband: Always an unsatisfactory disposition. Recently has not been getting on with the other maids. Mistress trusted her, but she said she could not endure suspicion any longer.

Brother: Sister has been very worried about debt. Husband most unsatisfactory about money. Finding out that the house was mortgaged precipitated the attack. Always over-sensitive.

Patient: "Have been very depressed lately, off my food and off my sleep. My general health is quite good, but my courses are irregular, and sometimes there is a heaviness in the lower abdomen I used not to have. Afterwards, too there is a discharge for a day or two". When she realised that she would have to give up her post, she was dismayed to find that the house was mortgaged. She bought some lysol on the way home, and took it shortly after arrival.

Symptoms prior to attempt:

Fears/

CASE 7.

SYMPTOMS (Continued.)

Fears concerning her health based on intimacy 10 yrs.earlier. Apprehension re discovery of a serious misdemeanour committed 26 years earlier, though the partner in the crime is now dead, and her favorite brother is the only other who knows the real facts, besides herself.

Determination to discover how her husband spends his money, though she has no facts at all on which to base her suspicion of his constancy, and though his frittering away money is a well-known failing of his.

Since the Professor in whose home she was employed as domestic had to enter a nursing home, she has not been content with her post. Her feeling that she was under suspicion dates from the time that the household dwindled owing to the father's illness.

Onset of the menopause. Probable that she is uncertain whether her policy of refusing children has been wise with a man as attached to children as her husband is. Now it may be too late for her to have a child. She has never once referred to the adopted child, and her brother stated that neighbours have bestowed left-overs upon the lad, seeing him go about so ill-clad. The husband has been under severe criticism for wasting time when he was fashioning toys for the child.

Suicidal frame of mind: This seems to have come over her rather suddenly when packing her baggage. (Were the missing articles there?) Her brother was to meet her, and did so. He thought nothing of her stopping to purchase lysol, as he was familiar with her abhorrence of dirt and her idea that the old lady was too dirty to live with. He took it that she was planning a house-cleaning. She says herself that she decided to have it with her to "use if need be." Brother and husband were talking together when she went to the bathroom. Neither took any notice until a gurgling noise was heard. It was the husband who went to see, not the brother.

Subsequently, patient entered a Nerve Hospital. She was agitated, quiet, busy, but apprehensive. She returned to her home against advice, and while there discovered further money-tangles. Renewed depression followed, and she was then in need of certification.

Best-performances in Infirmary, and later in the Nerve Hospital when

CASE 7.

considerable improvement had occurred were as follows:

Binet-Simon tests: Succeeded with only one test at year 16,
the Vocabulary test.

11½ year credit.

Failed the 10-year design.

Jung Association Test: Mean time, 6 seconds.

June Downey Temperament Test (of handwriting control)

Could not slow down to 4 seconds a letter. Poor performance.

Woodworth-Wells' Substitution Test: 10 year credit.

Healy Form Boards: 12 year credit.

She cooperated very pleasantly seeming rather pleased to have something definite to do. Was apologetic when she found she could not complete the 10-year designs, but was easily reassured that the examiner was very satisfied with the attempt.

Did not like the Association Test, though she did not balk at any one word. As long as 25 seconds were necessary for critical responses.

Her record of likes and fears was not in any way remarkable. She marked fewer likes and fears than the average adult, but more than the average for the suicidal group. There were not many unusual likes or fears.

Likes: 41 1 uncomm.
14 common

Fears: 40 1 uncomm.
18 common.

As one would expect in a depressed patient, there are rather fewer interests expressed than is normal.

The picture is that of well-meaning individual rather duller than her command of language would lead one to suspect. Just when her own health justifies a little concern as to the future, she finds that her undependable husband has let her down again. Fears of long ago reinstate themselves, and apprehension is not slow in finding present cause.

Disturbed/

MOTIVATION OF SUICIDAL ATTEMPTS.

CASE 7.

Disturbed sleep and poor appetite do nothing to help the condition; agitated movement of the hands, plucking at bed clothes or clothing betray a state of mind she is at pains to deny. For long now, she has dreaded noise. First she gave up "Talkies" preferring "Silent" films. Then she stopped going altogether, merely walking when advised to take exercise or seek amusement.

Weeping comes easily just now, and she sees no security ahead.

Family history: Nothing is known of the mother's people, save that they belonged to Shetland. She had come to Edinburgh, and was out of touch with her people. Severe haemorrhage after childbirth was the cause of her death in her 38th year. The children remember her as kindly and a good manager.

Father was evidently selfish and eccentric, a very opinionated man. His mother is said to have described him as "mair fond o' hissel' than o' others". This old lady is referred to as 'a grand old warrior'. She had a large family to bring up, as the husband died early. One son was mentally defective. Another "lives on his wife". He is described as being the kind of man who meddles in quarrels not his own. Was in goal as an agitator; and his wife lost the license of the hotel she was keeping, in consequence. Two of the other sons were at sea, and went 'missing' in the Far East.

The father is variously described as a great reader, very unsociable, a professional agitator, and as unable to make up his mind to take a step, even when the necessity was urgent. The step-mother's cruelty to the children was obvious but he would not interfere. When she left him, he would not seek a divorce. Would not attend daughter's wedding. Lived to 70.

The Brothers are described as secretive and moody, great ones to brag, and apt to put the worse construction upon events.

Patient is said to have met trouble half-way, all her life, and to make mountains out of molehills.

CASE 7.

Precipitating situation: In service.
At home.

In service....Not so attractive a post, now that there is only a mistress to impress.
The other servants are not friendly; they suspect her, if the mistress doesn't.
Sleep is poor, and she is worried and not able to keep her mind on her work.

At home: Mother-in-law, illiterate, poorly provided for.
Husband's adopted son, poorly provided for, a rival for his interest.

Arrangements: Not all in her control.
Uncomfortable and not easy to keep clean.

Money: Husband says he is working, but gives money neither to mother nor to her.

Is he working? Is he spending money on someone else?

Discovery: He has mortgaged the house and has been frittering away the money so obtained.
He has used the money borrowed from her in similar fashion, for rates and taxes remain unpaid.

Menopause: Now there can be no children. The adopted son will retain his place.
Guilt ideas connected with the death of her illegitimate child and refusal to bear children since her marriage.

Arteriosclerosis. Case where over-work was a factor.

CASE 84.

Male. Aged 53 years. Single.

Eldest of 4 children. Parents dead.

Served in army and in navy. Badly wounded, gassed, flung into the water when the vessel was torpedoed and drifted 35 miles, being in the water five hours in strong current.

"Navy does not give pensions as freely as the army, and I was in the navy last."

A plasterer by trade, he finally became kitchen porter at a small but busy hotel. Has been in the post six years, except in "off" season. Has been kept on in the "off" season for the last two years, as the only helper.

Physical condition bad. His doctor had warned him about his overstrained condition and told him to take to his bed. The crippled leg, shorter than the other, had begun to give great pain because of excessive standing and lifting heavy baggage in awkward places up and down stairs.

Mental condition! I've been discouraged for the last two years. There are memories I'd like to lose."

Disposition: Conscientious, retiring, easily imposed on, all his life. Recently, anxiety about his health, and the knowledge that he had no money to tide him over the six weeks before he could claim the dole had made him irritable, and his temper had become uncertain and dangerous.

Ability, average, somewhat dull.

Relation with family: A blind mother and an asthmatic father needed his support till their death in 1921. He was then over 40 and unmarried. The sister next to him had left home to marry, the brother "did all he could paying for his board" the youngest sister, 11 years his junior was as devoted as himself to her parents and kept house for the brothers after the parents' died.

CASE 84

The brother had married and brought a wife home. This event sent the sister out to seek a position, and patient began to board, fairly soon, as he did not like the newcomer. Two years ago he had stayed with the sister because it was the "off season" and he was out of work with no money saved. His sister took him to task for not looking ahead when earning regularly. He went away and has never returned to see her since. He admits that she was only speaking for his own good, but he would not overcome his reluctance to go where he was under an obligation he could not discharge.

Early development: Small and rather troubled with bronchitis as a child, but he did not miss much school. He was in the sixth when he left at eleven (Probably equal to Qualifying standard.) Was a good writer, and fond of reading

Vocational record." Father was in the distilleries, but was very temperate. He didn't want me there and I started to learn the slating. My earnings were regular and when father was invalided with the asthma, I kept the home. Then in 1911, we were burned out, and the insurance was owing so we got nothing, and it took a bit to get a home together again. When slating was slack, I did plastering. Then the war came. I went, and on return, took whatever I could get to do. Father died in 1921. Mother had died in 1914. Her three operations for cataract had cost a bit but didn't keep her sight for her. This job I am on now, a friend got me six years ago. The mistress is a hard woman, a regular slave-driver. Gives you plenty of food, and then thinks you can go on for ever and ever. I've stayed on in the off season at 10/- but it isn't lighter; it's three men's work. All the furniture to be moved for spring cleaning. And, because there are no maids, all the tramping up and down stairs answering calls. In the kitchen from 6 in the morning till 11 at night. The two hours off in the afternoon, I am so tired, I just get my pint of beer, and then lay on my bed, too tired to move."

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INTELLECTUAL PROCESSES: Is considered to be easily imposed upon, and improvident. Cannot plan expenditure and prefers work where there is no planning required. Retention good. Visual and auditory imagery v. good.

OUTPUT OF ENERGY: Direct narrative, accurate. Observes the conventions, has a strong sense of duty. Has been carrying extremely heavy work for the last two years. Is a handy man.

SELF ASSERTION: Attempts to force deference from the maids. Reports impulsive cruelty to men and animals when disobeyed or ignored. "Sorry after; a kink." Desires to be thought well-informed and dabbles in subjects for which he has no background. Has fortitude.

ADAPTABILITY: A good soldier, obedient, punctual. A good servant, reliable, willing. Considerate to older people and deferential to superiors. Since the war, has found difficulty in adapting socially. "I couldn't stand her, and left home" referring to brother's wife. Lately has felt irritable when told to hurry and cannot tolerate faultfinding or sarcasm.

HABITS OF WORK: Till recently, punctual, efficient, rather habit-ridden, prompt. Lately, finds difficulty in carrying on. "So tired, so dreadfully tired and dizzy. And the memories I'd like to forget." Finds himself slow: "She'll think I'm slacking. I can't explain I don't feel fit. She's got a sarcastic tongue."

Moral sphere: Word reliable. Reliable about money. Is sincere. Very critical of others whose code is less strict. Voices his opinions frankly rather provocatively.

Recreations: Plays the pipes. Was Pipe-Major. Smokes, and takes a pint of beer regularly. Very fond of reading. Used to attend lectures. Recently has had no inclination to go out, mix with others when off duty or even read.

Prevailing Moods: Until about five or six years ago was genial, rather impulsive, but cheerful. His temper became rather uncertain, and since his overwork has been a great worry to him. "That's

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my trouble: if anyone offends me, I must hit first. I try to hurt him on the impulse of the moment. A month ago, a saucy maid put her spoke in, at table, and I checked her. She said, Don't speak to me or I'll give you a swipe across the mouth. In an instant I let out at her, and over she went, backwards, her chair going over with her. I was sorry after and apologised; but it made the others careful what they said to me. I've been letting myself go, too, to men and animals hurting them, and sorry after, and saying hard hurtful things. " He reports many spells of depression, the last two years, and had been depressed for a fortnight prior to the attempt.

Attitude towards self: Of late has been anxious about his health.

The dizziness due to arteriosclerosis and the fainting sent him to the doctor who told him he must rest. Gave notice a week prior to the attempt, but brooded over the fact that he had no money to tide him over the six weeks before he could draw the dole. Cannot forgive criticism. His sister told him he was foolish not to put by, when earning. He has never been to her house since. (2 years.)

Attitude towards others: Unselfish, loyal, grateful, but critical and unforgiving. Has friends of long standing, but has been out of touch for some years now. Marked preferences and equally marked antagonisms. Angry at being overtaxed, but cannot state his case to the employer. "A very grasping woman, but pays regular and feeds us well. Let me stay in bed four days, after the doctor said I was to stop work, then sent a message that my work was waiting to be done."

Reactions (social) Particular about his appearance, since Army days.

"I always liked ladies' society, but never had a special notion to get married." Only since the spells of depression has he been seclusive. Mother used to say that his fault was taking too many pints through being too often talking at the bar. Sister says that anyone "can take a few shillings from him by spinning a hard-up tale." Self-pity lately, and anxiety.

Attitude to Reality: Takes things as they are, and admits his faults. Is very diffident about accepting obligation. Is intolerant of contradiction, rather opinionated..

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SEXUAL SPHERE: Is not prudish but has strict principles in this connection. Is interested in the body and in sex. Has bought First-Aid instruction manuals in order to satisfy this interest, and attended classes after the war. His parents' invalidism made marriage impracticable until he had turned 40; and his brother made such a sorry match, that he did not feel sorry to be single. Leaving the home to the younger brother meant that he had nothing at all save his earnings, and they were precarious.

Religious faith: Respects the church and all it stands for, but does not attend services. Has not thought about such matters for a long time. Has often wished his life were at an end. Is consistent and endeavours to maintain his self-respect.

SYMPTOMS PRIOR TO ATTEMPT: Intense depression for a fortnight.

Insomnia. Would get up afraid to face the day's work. Frequent dizzy turns. "Heeled over in the pantry: she saw me drop, and sent me to the doctor when I got over it."

"Evil thoughts filled my mind. Nothing different ahead and everything a trouble. I often wished it was over." Dread of nagging and argument, as he has had a lot of trouble recently through his impulsive temper. Has not left the house for months. Has not been to relations for 2 years. Too tired to do anything but lie on his bed, when not wanted. Solitary and quiet. Nightmare: "Right in the thick of the war again, blood and mud everywhere, and I was out to kill, no quarter given. Bombs and all the noises of war." "I've got memories I'd like to lose. War isn't good for your nature."

"No, not weeping, but hopeless about the future, and things hazy in my memory and not as if I was the same person, completely different. My mind's been wandering, too."

THE SUICIDAL ATTEMPT: At 9 o'clock on a Saturday evening, he had still to do all the washing up, and other work as well. The hotel was very busy. Suddenly he felt that he could not face it. "I had often wished it was over but the impulse to do this came sudden, unpremeditated. Why couldn't they have found me five minutes later, when I was dead. I'll do it again as soon as I get

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out". He cut his throat in the toolshed where his bed was.

Family history: No nervous disorder on either side sufficient to cause hospitalisation. Mother very popular and kind. Father asthmatic, very strict.

Patient was the eldest. Next to him was a sister 3 years younger who married and has a family of 6 children. Then a brother, two years younger again, who married at 38 a woman of 51. The wife was in bed for the five years of her married life, and on her death, the husband "went to the dogs." A sister, eleven years younger than patient is described by him as the best of the bunch. She is now married to a widower with two schoolboy sons. He is a joiner and they live very frugally in a one-roomed house. This is the sister who told patient, 2½ years ago, when he was out of work and not yet eligible for the dole, that he "was very foolish not to put by". She is a fragile little woman, at the menopausal period, troubled with terrible headaches and often quite incapacitated for a day or two. She reports depression and speaks quite bitterly of her starved life up to the time of her marriage. "I often wished I was dead."

Sister's account of patient: "He was always too goodnatured, too easily taken in. He was conscientious, too, not like my sister. But I must have hurt his feelings about the time he came to us. We have to save in the summer to see us through the winter; and it isn't fair to my man to have to provide for Joe, for weeks at a time. I got him a tidy room for 8/- and let him come here for meals. He could never save, and had to have his pint. Beer was all he ever took. But he was the sort another fellow always met: he never met anyone to shout him a drink. That was why he stayed on in the off season the last two years. But it was too hard for him, all the pulling things up and down stairs, with his wounded leg, and all the things the war done to him. I kept the house for them for 8½ years, mothered them both, though I'm 11 years younger than Joe. My mother was an invalid after rheumatic fever, and she had cataract on both eyes, but she lived to 61; very fond of Joe, she was. Father was irritable and delicate but he was 71 when he died: he used to storm at Joe for taking beer."

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War Service. Served in the trenches for 18 months;

Wounded by shrapnel at Dixmude and at Armentières. Transferred to the navy.

Was one of eight gassed when the socket of a cylinder got loose. He climbed a ladder but was overpowered and fell backwards. Was in hospital with concussion and the effects of the gas. Had attacks of dysentery. The vessel he served in was torpedoed and they were told to save themselves. He "jumped for it, and was in the water for 5 hours, drifting 35 miles, towards Boulogne! The coast patrol picked him up, and he was taken to a French hospital.

The leg wound left him lame, and he had had a good deal of pain on and off ever since the war.

"The Navy did not give pensions on the same scale as the Army. I applied for one, but my leg and the worst gassing was done in the Army, so I got nothing from the Navy."

Test Performances. As he is rather vain of his prowess in reading and writing, though he apologises for his inability to calculate, he willingly cooperated in tests where writing was necessary.

Binet-Simon tests: Passed 10-year designs.

" 12-year abstract words.

" 12-year dissected sentences.

" 12-year vocabulary

" 12-year digits.

" 12-year interpretation of pictures

" 14-year Problems of fact.

" 14-year President and King.

Failed 14-year arithmetical reasoning

" 14-year digits

" all 16-year tests save the memory for sentences.

(Though language work was his best, his definitions were very inexact, thus: Revenge means passion, anger.

Justice means getting the same as another)

Form-Boards. Healy: 14-year speed.

Kempf: 9-year speed.

Porteous Mazes: 12-year credit. -.

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Woodworth-Wells Substitution Test: 8-year speed.
 Could slow down only to 3 seconds per letter when
 doing the June-Downey handwriting control test.
 (V. poor performance.)

Burt Reasoning Test: 13-year credit.

Kohs' Moral Standards 1 : 13-year "
 " " " 2 : 13 " "

Jung Association Test: Mean time, 4 seconds.

(Too slow.)

Critical words: dead, insult, pride, worry,
 despise, luck, ask, give.

He marked 87 likes of which 14 were unusual; and
 39 fears of which 3 were unusual.

Comments occurred throughout this record, thus:

<u>forgetfulness</u>	Wish I could forget.
<u>faultfinding</u>	Too much of that lately.
<u>enemies</u>	You don't always want to make enemies.
<u>rivals</u>	Yes, I've had them, too.
<u>dizziness</u>	I'm dizzy, now.
<u>temper</u>	That's my trouble.
<u>money</u>	Money troubles, too. 10/- a week don't go far with boots and all to buy.

The memories he complained of were mostly of trench warfare.

"You know we did dreadful things. They'd hold up their hands for
 mercy, but like as not, we'd bayonet them just the same. I have.

I've seen cowardly fellows in our trenches shrink from
 a blow or a rough and tumble from their mates, go over and do the
 cruellest things, not cowardly then; they'd hop right into the
 thickest of it and give no chances. Stamp on the bodies after-
 wards. Of course we'd seen bodies of our young chaps brought
 back all mutilated, and we used to plan to give the Germans a
 taste of their own medicine. But it isn't good for your nature."

The patient is small in stature, 5'3", and has never touched
 9 stone in weight. His doctor was dismayed to see him about again

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so soon. He stopped his car and went across the street to speak to him and take the pulse. He told patient that it was most unwise for him to be about, that he must rest. The patient did not make clear what the difficulty was, that he had no money, and that his sister was not in a position to keep him. But he went back to the hotel and gave a week's notice. After doing that, he was in a panic, not venturing to withdraw the notice, because of the mistress's sarcastic tongue, and not able to make any plan. On the day before he was due to leave he was very depressed, and the attempt occurred in the evening.

The picture is that of a gravely ill man, suffering from arteriosclerosis, whose symptoms are in large measure attributable to his health. Though always quiet and careful and conscientious, he had been fond of companionship, cheery, and pleasant to deal with. Rather impulsive and excitable, even as a boy, he had become morbidly so, during the past two years. His intellect is normal but on the dull side, and defective power to plan has increased his difficulties. Sympathetic and sensitive, he found the life at the front harrowing in the extreme, but it was not until the present illness that these memories got out of hand.

Estranged from his sister, he had no one to confide in. He asked investigator to ask the sister to come and see him in hospital. He would not write, because he could not bring himself to tell her what he had done: she would take it hardly. This proved correct. Angry at first at 'disgrace', she soon accepted the fact of his illness, and took what steps she could to comfort him and take charge.

Associated with Diabetes.

SE 15. Female, 47 years of age. Single.

Attempt, Inhaled Ether, spilled the rest, and set it alight, then lay down amidst it.

In her own bedroom, immediately after reluctantly permitting her brother to inject insulin.

Has been a teacher of Domestic Science for many years. Since her diabetic condition became serious, has not been as efficient as before.

Formerly carefree, she now crosses her bridges before she comes to them. Irritable, Conventional.

Ability, average adult. Recently finds it difficult to concentrate. Imagines that her disability is obvious at school and she suspects ridicule.

Health: Never robust. Menopause six years ago. Bronchitis followed by diabetes, 1929. Routine irksome.

Early history: No detailed account as parents are dead and patient is the eldest of three children. Brother states that she was very highly strung, sensitive, and subject to bilious attacks. Patient remembered childhood illnesses, the only one at all severe being Scarlet Fever. She would miss a day every now and then from school with a turn she supposed was bilious, as she turned a bad colour, vomited and had headache. In her 'teens, she was stronger, was a member of a hockey team.

Parents: Mother died aged 49. She had had the menopause 2 years beforehand. Death ascribed to Goitre.

Father died from Bright's Disease in 1913. She remembers him as an irritable, nervous man.

Brothers: Both brothers were at the war. The elder became insane and has been in mental homes ever since. (Patient has discontinued her visits to him since the menopause.) Younger brother was also ^{affected} adversely. He returned to the Straits Settlements, but drifted back again in 1925, and has never settled to work since. In 1930, he went to Canada to look for an opening. On returning, he occupied himself reading and helping about the house. Has not married because of his financial status.

Education: Good. Musical. Specialised in Domestic Science. Took Diploma at Atholl Crescent. Not a student-type. Enjoys social round rather than reading.

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ational Record. Teaching since 1907. Three transfers, each time a promotion. Last move since the menopause was pleasant at first. Recent economy campaign has meant larger classes, and a salary cut. With the onset of diabetes, discipline became a difficulty. She found a different attitude from the teaching staff on account of the unruliness of her groups.

Intellectual Processes: Quick in thought and act. Until recently, was fairly observant. Good planning power. Sensible. Brother relied upon her advice. "Not broad-minded".

Output of Energy: Talkative, rather discursive. Merry in company. Moderately skilful with needle. Active in house, and has carried many outside interests. Has resented the curtailment of her programme necessitated by the diet and injections ordered for her.

Self Assertion: Not suggestible, rather opinionated, but has been popular and easy to live with. Sense of her personal dignity. Has taken the rough with the smooth until recently.

Adaptability: Prides herself upon observing the conventions, and expresses contempt for weaklings. Yields to proper authority. Has been cheerful, cooperative, and able to get along fairly comfortably with pupils and friends until seizures occurred.

Habits of work: Punctual, prompt, alert, decided. Rather masterful. Good average efficiency until recently. Now distractible, loses grip of pupils, is erratic and rather flighty in discourse.

Moral sphere: Rights of others respected. Fulfills duties. States her opinions definitely. Chaste. At present quibbles and confabulates. Supposes herself suspected of dishonesty. (Has always been more concerned about household possessions than clothing. "Some of the things in the house should not be there.")

Recreations: In youth, was fond of outdoor sport. Still enjoys outings, but engages rather in social games. Is fond of music and performs moderately. Likes to be on the go. "Fortune-telling, very interesting." Likes novels.

Prevailing moods: Cheerful, earnest, with few fads. Has come to dread

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(Contd.): injections of insulin, and realising that her condition is a permanent, anxiety has settled upon her. This discouraged attitude is unusual in her, and has limited her play of humour.

tude towards self: Faithful, and self-reliant. Eager to merit popularity. Confident. Recently, has had her self-confidence seriously undermined by realisation of mind-wandering in front of the class, with its consequences. Anxious, since loss of post may be imminent, her sick-leave allowance having been used up.

tude towards others: Sympathetic. Kindly where her principles are not infringed. Sizes people up adequately. Has friends of long standing. Is loyal. Recently has harboured suspicions and developed antagonisms. "Jealous of me."

tions (Social): Neat but inconspicuous in personal adornment. Not fashionable. Rather effusive in greeting. Not demonstrative but has strong family feeling. Associates with equals. Is a careful spender. Gossips with enjoyment, not maliciously. A little intrusive, but not a bore.

tude to reality: Varies. In some departments of life is practical and takes things as they are. In others is a romantic, and rather prejudiced. She is not unreasonable, on the whole, and admits faults but not guilt.

al sphere: Little information. Mixes readily with men, enjoys their company. Most of her friends are women. Frequently remarks that she wishes she had married; and laughingly warns younger women from single blessedness. Brother does not know of any serious love-affair. One of her delusions has been that she is accused of intimacy with her brother, because he gives her the injections in the thigh.

s, faith, etc. Conventional religious beliefs. In marking the fears (see tests) she entered conscience, commenting, "I should, if I had a bad one; only mine isn't!" Is rather superstitious. She has a social ideal rather than a personal one. Not what one is but what one has and takes part in. Abstract thinking is not her forte.

nt Illness: Onset: Brother: Since the New Year, she has complained that she could not keep her mind on her work. Always careful, she has become over-anxious in the house. Disposition has changed since she realised her illness would not clear up.

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Onset of Illness: About a year ago, insulin was stopped. She grew worse and was rushed to the Infirmary where she was given large doses of insulin. Reaction, an altered mental state. She sat up crying and anxious. When they tested her breath, she supposed she was suspected of drunkenness. Excitability, irritability, antagonism to nursing-staff, hallucinations and delusions: "Dictaphone hidden behind the pictures." Never disorientated. Recovered after four weeks, but reactions to insulin have occurred, every month or so till November, but more frequently since. Seizures like epileptic fits, nocturnal for the most part, ushered in by stertorous breathing. Once there was voiding of urine. There is frothing at the mouth and unconsciousness for about a minute. There is memory for the convulsive movements or the gap in awareness. Since January, these reactions have been rather less frequent, but began to appear in the daytime. Once at school, once at breakfast time, and once at supper. Is apprehensive lest she have a seizure in the street. Recently they have been more frequent again.

Meanwhile she has been more nervous, more variable in mood, intolerant of the least criticism of herself, increasingly inadequate to the demands upon her at school. Often expressed a wish to be dead, because impatient with the needful restrictions. Did not feel worried lest she attempt her life, sympathised, thinking he would express himself in similar fashion. After her seizures, she is depressed, and movement continues in a peculiar automatic way.

For the past fortnight has been practically sleepless. Was very upset, 10 days ago, at being shown to a clinic at the Infirmary.

Four days ago, surprised him by assuring him that "things were going to happen". They were being watched. Things were in the house that had not been honestly come by. She eyed him furtively as though to see whether he were keeping a watch on her. (Query a wish to be alone to end her life.)

CASE 15.

She expressed suspicion of the old woman who helped, and of neighbours. Next day she followed him restlessly all round the house. In the afternoon she had a mishap with the teapot, scalding herself rather badly. She was in pain and got to bed. The following morning found her still more obsessed, though quite able to pull herself together and write a sensible letter explaining her absence from school, and to arrange to see a doctor in order to obtain a certificate. That night he got someone in to sleep with her. He was awakened at midnight as his sister needed to be convinced that he was there. She did not sleep, and greatly objected to the old woman. At midday she had a great disinclination to submit to the usual injection. He insisted, giving it himself. She returned to her bedroom with the bottle of ether and the syringe. He noticed her close the door. As everything was so quiet, he went across after a while. She was lying on the floor, the ether bottle overturned and the ether alight. Her eyes seemed on the burning ether but she had a doped look, and she was not making any effort to move away or to put out the fire. The smell of ether was overpowering. When she exclaimed, she noticed at once and showed fear. She said she did not want to live. The doctor was summoned, but he did not give him the details. Her state was such that she was sent to a nerve hospital for nervous disorders.

Patient: For two years, the diet was right and I carried the extra work at school well enough. Then the sugar began to accumulate. "The war affected both of my brothers, and now I am like this." The shock of the scalding on the Sunday afternoon upset the sugar balance and I have only a confused idea of how I behaved. I know I was dreadfully depressed and wanted to end my life. It isn't worth while going on like this. Since the New Year I have felt that people had a grudge against me, thought me vain, and were in league to take me down a peg. The pupils were noisier than usual and rude. Noise affects me dreadfully. In the street people seem to look at me as though I were different.

I had one attack at school and I have dreaded having a recurrence. My mind wanders and I begin to wonder if things aren't being made harder on purpose so that they could find an excuse to dismiss me. People seemed to be prying into my personal affairs. Have not been sleeping the last fortnight. I start awake in extreme terror. Cannot recall the nightmares, but think I cried

CASE 15.

out. Twice I found myself on the floor, having got out of bed in my sleep. The thought came that people thought I was on immoral terms with my brother. All around I heard whisperings, but words were not articulate. I thought the whole family was going to seed, that I was going insane, and wished I could die.

I stayed at work till Friday. On Sunday I told my brother my suspicions. I felt the house was being watched. Obtained leave of absence on Monday. Could not tally the class cash book. After midday lunch I suddenly decided to end it all by inhaling ether, and tried to do so.

(Note the discrepancies in this account.)

st performances: Only after some time had elapsed was it practicable to give mental tests. At first, the patient was depressed and suspicious. She spoke of "the plan you all know about" and took those about her for others in disguise. There was considerable distractibility.

Delusions: " People are ridiculing me.
I am given soiled bedding.
The food is poisoned.

It will suit the School Authorities to know I am here. It will serve as a pretext to discharge me."

After sleep improved, the patient began to be urgent about the need to get back to work, as her sick leave had expired. (Correct. She was presently suspended, on this score.) To secure her purpose, she resorted to the method of denying outright her previous admissions. Her denials were emphatic, and coloured with concern that anyone should suppose that she had ever dreamed of taking her life. Moreover, she invented such a convincing account of her doings prior to admission, that ^{the} examiner had to take especial pains to check earlier statements. This was done by obtaining the help of a member of the Staff. The brother was again interviewed, and, thinking no details were known he made no difficulty about supplying dates and times. Afterwards, the investigator saw him, apologised for lateness and told him that the sister seemed to remember in only faulty manner. Her second statement was then discussed with him, and he was able to disprove it by the doctor's visit, and the testimony of the friend who had been present in the home on the Sunday. Later, his statement to the Staff doctor was found to tally in all essentials with that given above.

MOTIVATION OF ATTEMPTED SUICIDE.

CASE 15.

A few days later, the patient seemed ^{to have} much more poised.
The following tests were then given.

Binet-Simon tests: Memory for digits forward, 18 year.
" " " reversed, 16 "
" " sentences, 16 "
Vocabulary, 16 ".

There were no other successes at the 16 or 18 year level.

Failed 4 of the 6 tests at 16-year level

Failed 3 out of 4 at 18 " "

Emotional behaviour when the 14-year problems were presented. "I have no power to deal with them. Was never any good at arithmetic."

She failed the 10-year design, which requires a fixation-period of 10 consecutive seconds.

Planning- ability: With the mazes up to 11-year difficulty, she succeeded perfectly. The 12-year maze introduces more choices. She became agitated, plunged wildly, and willingly abandoned the task. She reacted similarly to the 14-year maze.

Note inability to defer and to suspend action.

Affectivity: She recorded fewer fears than the normal person, fewer even than is average for the suicidal group. There was a running commentary upon her entries.

Pain. Stand usual pain alright.

Disfigurement. I shouldn't like that.

Dream. Very unpleasant dreams.

Twitching. Like my attacks.

Conscience. If it were bad, I should; only mine isn't.

She marked an average number of likes, making similar comments: Fishing. Too dull.

Hamlet. Dont admire Hamlet.

Joy-riding. Yes, I like that. etc.

Likes: 45 2 uncommon. 15 common.

Fears: 27 1 " 15 "

une-Downey Temperament test. Wrote at nearly her maximum speed, so could not improve on that score much. Slowed down to 8 secs.

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a letter, a moderate performance.

Jung Association Test. Mean time was 3 seconds.

Critical words were: Jump, street, despise, try, water,
make, afraid, insult, angry, lamp, fight.

Subsequently, the patient was discharged, in normal frame of mind. She took her suspension from duty with fortitude, and made practical plans for her sojourn with an aunt. Twice, a dietetic error made it necessary to obtain readjustment. It was noticeable how her paranoid trend came into evidence and disappeared again as the sugar balance varied.

The picture is that of an individual of roughly average mental endowment, and a rather fanciful romantic attitude: "I come of high-bred stock, and like all thorough-breds am over-refined and sensitive"

Her pathway has been none too smooth, and the menopause was hardly established before genuine difficulties were confronting her. Ill-health of particularly irksome type increased her handicaps. Finally the hypoglycaemic seizures began, with the establishment of the train of symptoms enumerated. The suicidal mood coincided with severity of symptoms and passed as sugar balance came again into satisfactory adjustment.

SUICIDE INVOLVING DEATH OF TWO CHILDREN.

CASE 35

FEMALE. Married. 10 pregnancies; only 4 chn. living.
30 years. Husband in temporary employment.
Dwelling in appalling state of disrepair.
Health bad, kidney disease complicating pregnancy. Pyorrhoea. Neuralgia. Insomnia

Only child of middle-aged parents. Mother paralysed.

Disposition warped by six years of poverty, in unhealthy house, and by unkindness from husband. Morbid anger. Plucky.

Ability: 12½ year credit, 14-yr. Vocabulary.

Place in family: Both parents were over 37 when she was born.

Twins were expected, but what had been taken for a second fetus proved to be a growth. Excision of the growth made further births impossible and at 45, pan-hysterectomy was performed.

Early development: Measles with complications at 2 years. Tonsils twice clipped during the school period, but catarrhal condition persisted.

Disease history: At 27 had a growth removed from the hard palate. Does not know its nature, but the doctor said there might be further trouble as excision had not been complete. "I was fortunate to get on so well, he said." 8 bad teeth were extracted at that time. Mouth still slimy and foetid. For four years has had kidney trouble. Was 5 weeks in hospital for treatment. She is now pregnant (2½ months) and her back is aching again. Is afraid to have further pregnancies because her mother has had 4 strokes since pan-hysterectomy was performed, and she is bed-ridden.

Pregnancies: 1st at 19. That child lives with the helpless grandmother to wait on her. It was "born with malaria." 1 child died aged 11 months.
2 chn. died about 2½ years.
3 abortions, the last 4 months ago.
Living 10½, 4½, 3, and 2 years of age.

SE 35.

When a baby was born $6\frac{1}{2}$ years ago, ^{patient} she had septic breasts and was very ill. Since, she has dizzy turns. (No diagnosis recalled.)

Present health: Has had severe headache for three weeks. It is ~~w~~ worst on waking, right on top of the head. Teeth are in a horrible state, and she states that she has been tortured with toothache. The room is so dark that they have to burn the 1d gas-light practically continuously. The walls are so damp that everything remains moist. The room is in ruinous condition, the roof falling in some time ago, and injuring the little girl so badly that she was detained in hospital for 6 months. These conditions have embittered ^{patient} her.

School period: interrupted. Mother became paralysed when ^{patient} was 8 years old, and she was often needed at home. Her ~~old~~ health was not robust. She "liked school well enough."

Intellectual Processes: Has vivid imagery, both visual and auditory. She seems moderately quick to learn, but is not regarded by Mother-in-law or sister-in-law as quite reasonable. The excuse her excessive self-pity and anger by referring to her constant pregnancies, and by referring to her husband's shortcomings. It is clear that they think her exaggerated in behaviour and not a good manager.

Output of Energy: Talks fluently and not unpleasingly. Becomes animated and smiling. Tells her story well and with considerable emphasis. Is probably conventional.

Self Assertion: Considerable fortitude in illness. Has personal dignity, though her appearance leaves much to be desired. Evidently has done her best to tap whatever agencies exist in order to procure a promise of better housing and to secure adequate nursing for the children when ill.

Adaptability: Was a good daughter, and is a loyal wife to a husband whose infidelity is common knowledge. Evidently attributes all that is wrong in him to the war. "He still has shivering turns from the malaria. The war killed some men; and it treated them best. The others came back to pass it on to the next generation".

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She does not get on particularly ^{well} with the neighbours. Her continual complaints weary them. She does not seem resourceful. More loaves than necessary were piled on a bare table, and all were drinking strong tea. There was no attempt to put the surplus loaves under cover either, to keep them soft or even clean. What will be wasted would cost as much as milk for the tea, especially for the two-year old.

Habits of work: Little is known. The reservations made by relatives suggest inefficiency. Perhaps the disheartening effect of such surroundings and her illhealth explain the general air of muddle. The husband is a perpetual grouch, comparing what one gets with what he gets in every conceivable variation. "When it is sunny, I go to the Park at 9 in the morning and take the children. We lie in the sun. I hate the idea of returning to the room."

Moral Sphere: Is reliable about money and her word is given in good faith. That is not to say that she is not often in error, because of warped viewpoint. She states her opinions frankly and sincerely but with little consideration for her listeners. Does not intentionally neglect her duties.

Recreations: Airing her very real grievances and a number of others.. Playing with the little ones.

Prevailing moods: "It is always the house. You can't get her off the house" said the sister-in-law." Fond of children, but knows more about keeping them clean than about feeding them. Has a sense of humour and can laugh merrily if **her attention is distracted**. Earnest and plucky, but deeply angry at her lot.

Attitude, self: Modest but insistent on rights. Anxious for all their sakes. "Bad for the children". Constant.

Attitude to others: Sensitive, critical, prejudiced and jealous.

But sympathetic and kindly to her family. Nurses grudges.

"The minister has never been to see me, hasn't even sent the visitor. It's all his way. He was $\frac{3}{4}$ hour late at my son's funeral and did not officiate at all when my baby girl died

I'll ask for my lines, and tell him what I think of him. He'd pass me any time to visit prostitutes, and me leading a clean life. He talked fast enough when my husband had a drink, and him not a drinking man, either." (Venomous accents, and not easy to interrupt.)

Reactions (social): Seems unconscious of her utterly unattractive mouth, ill-arranged hair, and dowdy garments. Salt and water would have improved the mouth, and the garment could have been improved by very obvious means, without any expense. She blames others rather too readily. Is not at all intrusive, rather modest in demeanour, and mannerly. Is ready to lend a hand in hospital, and is appreciated by the nurses as a brave little soul, considering her state of health. When the thought crossed her mind that she might be taxed with her attempt at suicide she spoke up sharply, "I'll get the policeman to the first one who hints anything to me about it."

Attitude to reality: Difficult to estimate. In regard to her ill-health, she seems practical enough, does not fuss, and makes the best of things. But in regard to the home and what is in it, she seems to make the worst of it. About her husband she is sentimental, rather than judicial, fortunately for him. Passionately fond of her children, she spends more time wailing about their wrongs than in increasing their comfort. However, neuralgia, backache and raging headache after disturbed nights cannot be left out of the picture.

Sexual sphere. Does not flirt, and probably never did. Her conversation is never risqué. She is not fickle, nor perverse, and is satisfied with her husband. Is a little self-righteous.

Beliefs, faith, etc. Believes in simple fashion in the story of the Gospels, but is often puzzled at what God permits. She has been disillusioned, probably by a series of unlucky accidents in the Christianity of Church folk. Her ideal includes somewhat of the being. Socially, she is very articulate on the minimum provisions for each living being. Good houses, clean food, free doctors and dentists are items on a list.



35.

The suicidal attempt.

Sister-in law. There had been a quarrel in the morning, before he went for work. He doesn't bring his money home, though she won't admit that. He wakened late and blamed her for letting him oversleep. Then she has the three little ones with her and her health is really bad. She did it on purpose right enough. It was the house got her down.

Patient's husband: When I came home, I found the little chap (4½ yrs.) whimpering at the door. It was locked. I called out. There was a strong smell of gas. So I got R. a neighbour to help me force the door. She was on the bed with the two young ones, all unconscious. I turned off the gas, opened the window, while they went for the ambulance. There were holes hacked in the lead pipes dangling from the wall bracket and her scissors were lying there. She has never done anything like that before. We had words this morning. I'm only on temporary, and being an hour and a half late might have cost me the job. Besides instead of walking, I had to pay 7d for fares. But I was bringing my pay home tonight.

Patient: At first declared that her memory was a complete blank, that she must have had a turn, or the gas must have escaped while she was resting with the children. At later interviews when I told her what the police had found and advised her to speak quite frankly so that her condition might carry its full weight with the Court, she said. I had a terrible frame of mind. I don't want ever to bring it back. It was evil. But I did do it. I put the four year old outside, and told him to go and play across the way as he often does. Baby was crying and my neuralgia was ragingly bad. So I had the window closed from the smuts, put the two youngest on the bed, made holes in the pipes and then lay down beside them. It wasn't about my husband. I knew that would be

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alright when he got back. I had let him oversleep, and it vexed him; but he knew how I had been with toothache and my head bad.

It was the times they had promised us another house; all the last two years, we've been promised, and Maria nearly killed, and us still there. It was dreadful thoughts I had. I want to forget." Evaded all reference to the children, save, "I was tired of it."

Test performances:

10-year designs passed.

14-year vocabulary passed. Failed the 16-yr. vocabulary.

14-year clock prob. passed. " " " " difference

Failed 12-year digits between abstract words.

" 10-year " Passed 12-year abstract words.

" 10-year sentences. " " " similarities.

" all 14 and 16 year tests save the ones listed.

Binet-Simon credit: 12 year.

Kohs' Moral Stds. 1 9-year.

2 10-year.

Burt Reasoning test: 19 year.

Woodworth-Wells' Substitution test: 3 self-corrections.
7-year speed.

Recorded 24 likes (subnormal even for suicidal group)

85 fears (too many " " " ")

There were 7 uncommon fears, an excessive number.

June-Downey Temperament test. Handwriting control:

Could only slow down to $2\frac{1}{2}$ seconds per letter, a very unsatisfactory performance.

Jung Association Test. Mean time 4 seconds.

Critical words were: hunger, pride, worry, insult,
stork (stalk) jump, pray, habit,
rich, door, head, silly, afraid.

She described herself as different lately. "I sit and stare and can't be got to attend, but I'm over excited, all worked up about some things.

The picture is that of an individual with normal rather dull intellect, overtaxed and in toxic state, who acted deliberately while in pathological condition.

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Though she avoided all reference to her intention of gassing the youngest children, the impression was received that the dreadful frame of mind referred to concerned her decision not to leave them behind. The relatives made it clear that the wife knew of 'other women' though she found her husband's behaviour excusable in the light of his war record. That knowledge was never suggested by her. It does exist, and when she had been harshly left in the morning it was not unlikely to colour her plans for putting an end to an unbearable lot. The father-in-law was an incurable invalid, and his mother could not take the children. Her mother was bedridden; the sister-in-law was goodnatured but had enough on her hands. Probably the four-year-old could help himself enough to be manageable, especially if he were with the ten-year-old girl. But the young ones would be in a sorry fix if they had to depend on their father.

This is surmise, not testimony. It is rendered probable by her concern for them, as soon as she recovered from the effects of the gas. Nurses were very favorably impressed by her attitude. "She was all for the children!" Her dread of the Court proceedings was accentuated because the words "murder of children" had shocked her.

Subsequently, she was imprisoned for 3 weeks, and then transferred to a mental hospital in depressed condition. Some months later, she was discharged recovered, pregnancy having been interrupted. Most of the carious teeth were extracted while in hospital, but no dentures were supplied. A new home was found.

AGE 61. Male, 56 years. Twice married. 3 of 6 chn living. 6 step-
Illegitimate. Mother a girl of 16. children
Father, a knife-grinder.

Was badly wounded at the Battle of the Somme. Left leg
three inches shorter than the other.

At one time a fruit merchant, now a hawker.

Physical health fair, but he has many handicaps.

Mental health fair, but outlook childish.

Disposition, sociable, active, sanguine, lavish spender.

Ability only moderate, but quickwitted, and fluent.

Place in family. His mother was a wayward girl, but her people
were respectable tradespeople. When her baby was born, she
found that the father was in England. She took the baby
to see if he would marry her. When he wouldn't, she placed
the boy on his knee and returned to her parents. He was
brought up by people he supposed were his parents, until he
was nine years of age. He says there were six children
about and he was the eldest. He hated the people. They drank
continually and were cruel. At last he ran away. The home
was near Leeds, but he walked for days and days, until he
was almost to London. Here he attached himself to a showman.
Early development: Nothing known. "I used to be called an intelligent
boy."

Education. After leaving Leeds, he evaded school attendance. Although
he can handle money for the purposes of retailing flowers
and fruit, he cannot keep money, lets it slip through his
fingers. As he is so poor a scholar, he can be taken in,
very easily. His wife said: "He has a child's brain in a
man's body. He cannot understand that business is private;
but will talk in the bar to strangers, about transactions
that are none of their business. He wastes money, shouting
the room full. One evening he was left with £2 out of £38 to
£40. He committed himself to pay £1500 to old R. when he
was only due for £1100." He is a lively narrator, amusing
and fluent, but his vocabulary, for all that, is only that of
the average twelve-year old.

Health record. No early record, and no illnesses remembered in childhood
In 1911, most of his teeth were removed. His Edinburgh
court record for drunkenness commences at that time. At the
war he had many wounds, but after the fracture of the left
femur, gangrene set in, and he was ill for over a year. At
that time, nearly all the remaining teeth were removed.
During the war his first wife died and the four children
were boarded out. On his return, he began to drink heavily.
He went to stay with the widow of his old sergeant-major.
When his gratuity was paid him, it went mostly in drink.
The widow's sister accused them both of intimacy, not without
cause, though she had 6 children, one of the oldest having
been at the war with him. A marriage was arranged. Two
children were born, but neither survived very long, dying of
pneumonia. There were frequent quarrels in drink; and the

SE 61. Male, 56 years. Married: 3 of 6 children living.
Fruit-hawker.

wife's grown-up family irritated him by "putting their spoke in". For seven years he kept off the drink, and business began to pay. The wife was a keen business woman and one of the step-daughters was equally keen. They were able to purchase a small shop in the High Street. Patient used to sell fruit in the shop and also in the street.

When cutting bananas from a stalk, the knife slipped and entered the left eye, destroying the sight. He used glasses for the right eye. Drinking began again, and his wife had a lodger he objected to. On one occasion he went out of the room where all three were drinking, and on wishing to return found the door locked against him. In a passion, he thrust his right arm through the window, breaking it sufficiently to clamber through. The jagged edge of the glass gashed his forearm severely. Three years ago, he was driving the car while drunk, capsized the car, and fell down on to a concrete area, fracturing his spine. For nine months he had to be in bed, a complete invalid, and only gradually got about again. Since then, he claims that he has spells of drowsiness. He declares that he once slept or dosed for a whole fortnight and felt no more rested than before. The week before the attempt, he says was another period of drowsiness.

There is tremor of tongue and fingers. As he has been drinking a good deal of whisky, and as he is not a good drink subject, the tremor is probably attributable to that.

He does not worry much about his various physical handicaps.

Intellectual processes. Is observant, has vivid kinaesthetic and visual imagery. Has shrewdness of low order, can dispose of fruit and vegetables when these can be sold for low prices; and can calculate fairly readily up to about £2. Has a fluent tongue but cannot write much more than his name. His wife says he lacks commonsense, and associates with poor companions, who induce him to part with his money. The police agree that his wife is the business-head and that he is a handicap rather than a help.

Amount of energy. Active, considering his lameness, quick with his hands but not constructive. Humorous, fond of a good story, ready to laugh. When sober, observes the conventions.

Assertion. Always ready to make a new start, provided his wife or some one else provides the necessary money. Many such ventures have ended in complete failure and debt. Drink to change the tenor of his thoughts leads to brawls and the lock-up. 46 convictions from 1911 on. Ambition to be known as a "good fellow". Fear of appearing mean with money. Very suggestible. Has considerable fortitude in illness. Is hurt when his opinions are ridiculed by his wife, and angry when her children cripple his judgment.

3.

MOTIVATION OF ATTEMPTED SUICIDE.

CASE 61. Male, married twice. 56 years.

adaptability: Buys popularity. Is inclined to be domineering at home, but when he has money does not spend upon his own daughter (the only one of his own children living with them.) Is inconsiderate about appearances, making an uproar at the doorway of the shop and spoiling business. Is ready for fun and inclined to be jolly in company.

habits of work: Unpunctual, erratic, hard to get going; but will persist till his stock is disposed of. Must have his own way even though he loses heavily.

moral sphere: Has been associating with undesirable individuals of both sexes lately, but his wife does not complain of his behaviour earlier, and seems to blame his drinking for various lapses. He does not lie, and has never been convicted of theft. His wife wondered how it was that the daughter was lightfingered because the father was not one to take what did not belong to him. Unless in drink, he will not acknowledge his mother, being bitterly resentful of his illegitimacy. He will not use her name, being married in a name he adopted. (It is not his own father's name, either.) His sense of duty is underdeveloped, and he forgets his responsibilities. Prides himself on doing whatever he happens to say he will do, even "doing myself in".

recreations. Cinemas, shows, talk in the bar. Smoking. Betting.

vailing moods: Cheerful while he has money at command. Easily dashed if he cannot induce his wife to trust him with suitable sum for his projects. Is good to horses, but not one to notice children. Likes to be out of doors selling. "When I say a thing I got to do it, bad or good. It might cost me everything I got. It might be the death of me. I'm not quick like those sons of hers. But if I git a holt of a man that's been abusin' me, past bearing, I don't let go till one of ^{us} is done for. If I say, I'll git drunk, drunk I'll git, havin' passed my word. That's how I am. It was that way about the lysol. I said to myself, I'll end it. They never thought I'd do anything like that. It took all day to screw me to it, but then the flash came I was waitin' for. I did it alright."

itude towards self: Seeks to justify himself. Anxious for approval. Boastful about his skill in selling, but equally ready to boast about his wife as a saleswoman. "Spiteful she is, iggerant and rough, but witty and as good at selling as any you'd find. Her first husband was a fine man, a Sergeant-major. # (Awed tone.)

MOTIVATION OF ATTEMPTED SUICIDE.

4.

E 61. Male, 56 years.

Attitude towards others: "They know how I am. They oughtn't to cross me. It's bad for me." "Another time there was my wife's worst enemies across the street. I didn't know they was enemies. One of them stopped me and we was talking there outside the shop. As soon as he went, she was out to me and the others in her train. 'What was you arranging with them swine?' 'What are you talking about? He just came up and passed the time of day.' 'One of them had a flat iron and bashed me on the head. Unconscious I was. When the bobby came, I was all out. When I came to, he asked me to lay a charge. Did I? No, I said as I'd had an accident and was alright now. But many's the time they have put me inside.'"

"It takes seven policemen to holt me".

Social reactions: Describes how he cuts a figure when he sets out with his carload of provisions, tying a bright handkerchief round his neck to take the eye. Is frank and a good loser. Gossips but not spitefully. Associates with delinquents. Feels inferior to his wife and her sons, now that he has been proved wrong on innumerable occasions, and has on several quarrels recently betaken himself to lodgings. His wife provides a comfortable home as far as material comforts go, and he generally asks to be taken back "because he needs a clean shirt."

Attitude to reality: Admits mistakes and faults, but "that's how I am." Is not very practical though he has considerable power to size people up and induce them to buy. Idea of giving a good bargain and being content with small profit is at times carried to extremes so that there is loss instead of profit. Judgment at fault: tries to sell flowers to people who want potatoes. Is open to indirect suggestion.

Sexual sphere: Satisfied with his wife, rather proud of being the successor to a sergeant-major. Is not given to coarse talk. Association with undesirables when he leaves home in temper is more because he cannot exist without company and because he hopes it will annoy his wife. She regards him as cleanminded and rather shy.

Religious outlook. Is married to a Catholic, but does not attend any church. "When a horse dies, he's dead. When a car gits on fire it burns up with him in it, and there's no more of him,

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CASE 61. Male, 56 years. Married.

any more than the horse. Or a shell gits him and he's blown to a thousand pieces, or he drowns and the sharks eat him. That ends him for good and all."

"So when you get fed up with things, you think you come to an end by doing yourself in?"

"And so you do. It takes a bit of nerve doing it at the finish, I give you my word. Why, a week ago, I had the idea. And I travelled about with the bottle for a bit and then gave it away. Didn't get worked up to it. The last month there's been too much, and on and off I've been ready to do myself in. But it's like a flash at the time. Like a feller doin' a cute trick so quick nobody don't notice him; or like a woman I was next to, in the High Street. As honest a lookin' body as ever trod in shoe leather. But she bought two bob's worth of fruit, had money yet kept her eye on the box at the side of the cart where the change was. Suddenly, like she couldn't help it, she had her hand in it. I got her sleeve like this, and shook her 'and open: 'No, you don't, and me 'ere' I says. Now she couldn't 'elp 'erself; could she? And 'er, with money of her own."

"There's a lot of things don't go accordin' to calculations. P'raps dying's one of them."

"Is that the only time you ever thought of ending things?"

"Lately, I have, on and off. It's the rows, and she's wicked in some ways, spiteful about money. Calls it her shop when my money paid for it. That week I was cleaned out. I worked till I sell everything I took out to sell, but I let it slip through my fingers when I got it. Wouldn't see anyone go without; and when the lot came in, I let them all in on mine. She isn't like that, nags and nags. Brings the police in. Can't see that she oughtn't to. Why when I was havin' words with a feller who put his stand so there wasn't room for my lorry, the policeman come over. 'What's up now?' he says. The feller said, 'We was just arguin' whose taties was the biggest.' The policeman turned to me, an' I said, 'Well, mine are the biggest, anyway.' Now, my wife isn't like that. She's iggerant, but quick as you make them."

6.

SE 61. Male 56 years. Married.

resent state. Lame. One eye blind. Uncomfortable dentures. Is showing the effects of heavy drinking. Complain s of spells of drowsiness, and constant pain in his leg and back. Depressed because he does not know where to turn for money, and is in debt for his lorry, his lodgings, and his stock of vegetables. Owes his wife £11 for recent start, and she is demanding repayment because she caught him in a room with another man and three light women, buying drinks for all.

Wife and daughter confirm his account of his illness and accident, but say he has had so many chances they are tired of him. The wife says it is throwing good money after bad to help him. "If he would only drink himself, but this shouting is ruinous." "I hope he likes his lodgings: he lay soft enough with me. (Insisted on showing me the bedroom to prove her accuracy.) He never tried that before. That cut on his arm he did smashing his way through a window; and his eye he cut when he was cutting bananas off a stalk. He said about 10 days before he would do it, but he only got the stuff that morning from the chemist, down there. He was drunk." "He would be better in a home away from the drink and things. He's got suspicious, lately, always imagining someone is talking about him. Stops his girl here to ask what we are saying about him now."

The daughter added, "Oh, yes, it is his imagination. Everyone is talking about him. I told him, we got business to talk about, and the house; but he thinks it must be about him, if there is any talking."

"He's lived a gentleman's life.. I'd be up at 5.30 and off to the herring market for the fish by 6.30. He lies till 9 or so, and comes out to a good breakfast to get his fish to hawk. When he broke his back, I paid 10/- a week to have a man come to turn him, nine months he kept his bed, and I used to get men to come and play cards with him, and fed him myself with a spoon. And drunk he was in the car that done it. I had two children by him, and him not a one for children and not good to his own, a saint abroad and a devil at home. They both died of 'pewmoney'. I lost one of my own boys 18 months ago. He broke his heart about losing his right hand at the war. He got Jackie to promise by his deathbed that he would cut out the drink and be good to me. I think there's a curse on him for breaking a deathbed promise."

7.

CASE 61. Male, 56 years, married.

State of mind prior to attempt:

Guilty because his wife had found him with bad company.

Unhappy because his trading venture had again proved him mistaken.

Bewildered as to the future. £5 owing for hire of lorry;

£11 to be repaid to his wife; lodging to be paid for, and all ready money gone in drink.

Suspicious that he was being 'blackguarded' at home.

Humiliated because people were asking him why he looked so different nowadays. (In lodgings, no laundry done for him.)

Determined to be as good as his word, and he had threatened to do away with himself.

Fearful that there would be great discomfort when the poison acted.

Unwilling to put himself 'out of the picture'.

Miserable because people would cross him although they knew what he was like.

Convinced that his wife would not lend him any more money because she had seen him spending on prostitutes.

In discomfort, because whisky never "agrees with me."

requently his wife took him home from the Infirmary, and for two months he kept from drink. She took him out in the car with her every day to Galashiels or Hawick. Then one day he took it into his head to hawk flowers. They had an argument over it, the wife maintaining that money could not be made out of flowers, but finally she bought him £3 worth to sell. He went into the wrong quarter of Hawick and she took him to task for it, and soon women who knew him but did not know her were making an uproar. She slipped in the car, and left him to it. He had drink after that. That night he left home and went to lodgings and was drunk all the time. Two days later he raised a brawl outside the shop, and her nephew struck him. The constable finally interfered, locked him up and served her with a summons for breach of the peace. "I'm not going to take him back this time."

t performances. Failed the 10-year designs.

" " 12-year repetition of digits.

" " 12-year ball and field test.

" " 12-year dissected sentences.

(Interrupted the performances here to ask me a riddle. He considered it kind of me to 'entertain' him, and enjoyed the formboards and easier tests.)

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ase 61. Male, 56 years, married.

He took 13 seconds to write his name of 12 letters, shortened the time on request to 5 seconds, though the scrawl was indecipherable; but could not slow down his performance beyond one minute, i.e. 5 seconds per letter, a poor performance.

He did the Healy Formboard in 20 seconds, repeating it in 10 seconds. The board is standardised for 10-year-olds, but very few 12-year olds do it as quickly as this.

He succeeded with the Kempf diagonals in 75 seconds, an eight-year performance.

"I always do things quickly: it half mesmerises customers"

Binet-Simon tests. Passed the 12-year abstract words.

" " 12-year comprehension of pictures.

" " 12-year similarities.

Failed all 14-year tests.

11-year credit is probably fair to him, if we attribute his illiteracy to lack of schooling after the age of nine years. This level would account for his failure whenever adult responsibility has been thrown upon him, and the fact that he is an easy 'mark' for delinquents. His first marriage was a failure as he could not support his wife and children, and took to drink. The war was a blessing in disguise, since it meant his association with and marriage to an illiterate but capable business woman who became fond of him, managed him as if he were one of her grown-up sons, until they grew tired of the constant police-court appearances. "Their wives don't like it: his record would fair dazzle you!" Her dictum, "He has a child's brain in a man's body" does not seem very far out. While the business was in his name, he had access to the takings, and five years ago they were bankrupt. It was then put into her name, and she has cleared the debts, provided liberally for each of the family, and has a comfortable home. He is a constant drain upon their resources, though active enough.

HYSTERICAL SUBJECT.

(Aphasia.)

se 39. Female. Aged 21 years. Married, 1 child 15 months old.

Pregnant. (5-months.)

Illegitimate first born child, brought up till 8 years old, by indulgent grandmother, then was taken by her own mother, now married to another man. Disliked the change. Scenes with "father". Inefficient and troublesome at employment. Kept on to oblige the mother.

Mental instability from earliest years.

Disposition, wilful and violent if crossed. Craves finery, and easy excitement. Unreasonable.

Ability very inferior. Moron.

ce in family.

Eldest of three children The mother was worried throughout pregnancy. Marriage could have been secured but the unwisdom of marrying the man concerned was patent to everyone. His own mother had her hands full with him, as his ungovernable temper and irresponsible conduct made the home uncomfortable. Patient seemed to like the two step_brothers well enough, but would not help to look after them.

ly development As mother had to go to work, patient was weaned at 4 weeks.. She was a healthy baby and came on well. Except for a tumble off the table at 8 mths. (followed by a spasm), she had no convulsions.

At five years old, she had diphtheria badly, being 3 mths. in hospital. She was subject to temper tantrums. The grandmother and an asthmatic aunt living at home were over-indulgent often to secure peace.

A month after the 12th birthday, the menarche was established. Her moodiness and tempers seemed to increase after that. She was very greedy and jealous. Whatever she saw, she must have. Storms and scenes continued until she secured her point, even though it were well beyond their means.

hool period

She commenced school at six, but was not especially bright, having to repeat classes. This meant that she did not sit for the Qualifying until three years after the usual time. She did not show her temper at school, though was quarrelsome and made no friends.

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ational period: After leaving school, she disliked her first post very much, and threw it up. Later a friend of her mother's, knowing of the struggle she was having, (The husband had a disabled leg, necessitating several operations. He has only had a week's work in 9 years.) found a place for Patient. He did his best to have her taught typing and bookkeeping. She was not as good as the others, flew into tempers, and stayed away; but he kept her on out of kindness. When she became pregnant, she stayed away without giving him any notice, and has shown no appreciation of what was done for her.

ried life: When near her confinement, a marriage was arranged with the child's father, and the young couple went to live with his mother. His mother was at the menopause; she was exact and efficient, but managing and dictatorial. The husband was active and willing to lend a hand. But his wife's ways often led him to make a suggestion. This she took in ill part, and there would be storms and hysterical outbursts: "I hate you. I hate you; I'll do you in" She would let fly with a knife or any other object and even ran at him with a knife. (By both her own mother and her husband.) He was not afraid of her as he could easily overpower her. When the baby was 11 months old, she became pregnant again. The discovery made her furious. Quinine and ergotin were taken to procure abortion, and she declared that there had been some haemorrhage. Her doctor thought a curettage was probably desirable and sent her into the Infirmary. When given chloroform for the exploratory examination, she concluded that the foetus had been removed, and was in great good humour. Before she left she was told that pregnancy was progressing satisfactorily. She then became gloomy, despondent, and angry. Just before Xmas, she was excessively trying, and the mother-in-law had had enough; but it was not till February that a separate house could be procured. A quarter's rent had to be paid in advance, and they were crippled by debt from the outset. The mother expected them to fend for themselves. Her own mother did what she could to help, bringing food and bedding, but she was in a difficult position

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at home. The husband did most of the housework, but she was still resentful about her condition.

INTELLECTUAL PROCESSES: Does not learn easily and is not observant.

Difficult to trust her report as to imagery as she answers yes very glibly. Is scatter-brained, cannot plan her work or expenditure.

INPUT OF ENERGY: Was always a shirker. Even at home, she would flop down with a book or lie on her bed. If she were asked to help, there would be a scene. When she did attempt a task, however carelessly, no one must comment on what had been spoilt or wasted, or she would rage, and threaten to leave home, or hurt herself. Is not a good talker, but is a ready liar. Likes dances, but is not a good dancer. Conventions do not stand in her way when there is something she wants.

ASSERTION: Always importunate, but this is the only way in which she seeks to mould events. She craves finery and expensive furnishings for the house; and is unreasonable in her demands for pleasure. Cannot accept hardship with ordinary fortitude.

STABILITY: Made no friends at school or at work, and her dance-hall friends soon wearied off her scenes. Could not adjust in early life to the change in discipline when ~~with~~ her mother married. Could not observe ordinary discipline at work. Could not run her own house when married. Depended on her mother and her husband. Liked the baby unless he was fretful, when she would be so rough with him as to imperil his safety. Resented the invalidism of the step-father, and was quite inconsiderate.

IN SPHERE OF WORK: Is not quick at household tasks, nor systematic. Does not like to be told how to do things. Is erratic and procrastinating.

EMOTIONAL SPHERE: No one takes her word. She says what she wishes and acts as though storming would make it true. She lies just as readily to screen others as herself. She does not pilfer outside the home, but insists on procuring articles for which they cannot pay. When 17, she made a determined attempt to gas herself; and has frequently dashed out of the house shouting that she would throw herself over a bridge or under a car. The presence of strangers is always sufficient to stem these outbursts.

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ations: Cinemas,dances,plays,outings of all kinds. Must be on the go. Any reading she does is of the very short love-story type. Reading is usually a device to evade tasks.

iling moods: Love of change;nothing for very long. Cheerful if humoured.Easily discouraged.Easily consoled by finery. Timid except when in a tantrum. Smiles readily,and has very attractive expression. No real sense of humour.

UDE TOWARDS SELF: Lacks confidence. Demands approval,compliment, acceptance.Anxious to miss nothing.Pertinacious.

UDE TOWARDS OTHERS: Jealous,ungrateful,selfish.Does not make restitution for the loss caused. Has no friends of long standing. Is loyal to husband and mother and small brothers,in the sense that she will not permit any criticism of them save by herself.

IONS(Social): Is careful of her personal appearance. Courts notice.Is not a good loser. Threatens violence.

UDE TO REALITY: Cannot bear to admit a mistake or fault. Is not prevailed upon by the logic of facts.Matters must be as she wishes them.The empty bag does not end her clamour for more.

L SPHERE: Seems satisfied with her husband. There were three flirtations before marriage. Last Xmas she received a card from one of these old admirers,but not a love letter. Her attractive appearance did not outweigh for long her selfish whims. Reading is sentimental rather than of sex novels. She wants compliment rather than flirtation.

faith: Does not attend any church. Determined to follow her bent and to have a round of excitement. Does not think of death save as a weapon to frighten people with or to defend herself with.

t at suicide: Mother: Soon after 11,I was summoned by a neighbour who said that my daughter had crawled to her door on all fours,babbling what seemed like utter nonsense,and did not seem to be able to talk properly. When I reached her, she was hysterical. Momentarily,she would be able to say a few words clearly,then she would have difficulty in talking. She could write a few letters but no proper words. She would not get to bed, kept saying Jack and Jimmie,when trying to answer questions.(Names of husband and infant.)

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empt at suicide.

When her husband ^{came} in at 1, o'clock, I asked him what had happened. He vexed me by grunting, and saying, She needs a good hiding. Then he told me how she had nearly killed baby. Just then my daughter cried out, It's a lie! She rushed out, screaming that she would do for herself. A window opens on the railway line (Third-storey). She got it open and was in the act of climbing out, when they got to her. They had to restrain her by main force. She may have knocked her temple then. Then she rushed downstairs, but a neighbour was coming in; and as usual, Mamie controlled herself. On and off she couldn't speak, then for a few moments she would speak quite clearly."

usband: "The night before, we had had her mother over. After she went home, I washed up the cups and saucers, Mamie went to bed. I had writing to do. Presently I heard baby screaming. I went in and found my wife shaking him violently. It was a wonder she had not struck him against the wall. I called, Stop it, Mamie, and tried to take baby from her. She shouted as usual, I hate you, I hate you, but went on. I was really alarmed for the baby and gave her a smart slap on the side of the face, and got the boy from her. She began to cry and continued to be hysterical. He is teething, and it seems as if she cannot stand it when he wakes up and is fretful. Next morning, she was alright again, talked as usual, helped with the breakfast and was starting some work when I left home. At lunchtime, I found her mother there, and a neighbour. They said she couldn't talk properly or write. I said she needs a good thrashing: she is just putting it on. She cowered at the sight of my belt, so I told her mother to take it away. She rushed out saying she would throw herself over the bridge, but her mother followed and we got her back. Then I made a fuss of her, petting her up. I think that was all she wanted, just to be made a fuss of. Next day we took her to the doctor as she is pregnant and we thought there might be something wrong. The doctor said she was in a nervous hysterical state and had better enter the Infirmary.

ENT: Reports some difference in sensation in the right hand and slight loss of power in the right arm. Feeling of dulness and fullness in the head, especially behind the right temple. Difficulty in speaking and in writing. Otherwise feels well.

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Her account was obtained with some difficulty. Her hearing was not affected, nor, apparently, her understanding of what was said. Leading questions were put, and her nods or shakes of the head noted. Then phrases would be uttered. She would stop and start again, then she would take the pencil, write the first letter or two or a word, often enough for me to guess what was coming. Her story was that she had been out of bed with the baby at 1 a.m., when the door slammed against her, knocking her to the floor. She got to bed, and her husband came to see what was the matter, and found her shaking baby. She supposed that baby had been hurt by the fall and wanted him to cry. He was puzzled and took baby. (Her temple was still bruised and tender to the touch.) --Note, here, that her husband was certain when asked that she was not hurt by the door, as he was just in the other room and could not have failed to hear. It seems likely that he would have confirmed this story, if true, rather than tell of striking his wife. Moreover her mother, who saw her 12 hours later, is positive that there was no bruise then.---

About 11 a.m., she reports that she fell in a fit, was unconscious, and was found by neighbours."

She is described as a ready liar by husband and mother, instant with protective fibs. This disposition evinced itself in the variety of conflicting statements or rather communications received from her. "I want the new baby" and, pointing to her body "I tried to get rid of this a lot of times before Xmas. Can't manage any more. Too much to do. Was very angry when I "fell" again."

"Jimmy is no trouble, very good" (Held up his photograph, smilingly.)

"Baby won't let me sleep. He is fretful, must be still teething. He makes me very tired."

"I cannot imagine what I could have said or done to make my husband or my mother think I wanted to end my life at any time." Subsequently, refused to speak to husband and mother, when they visited her, that afternoon. Scowled and waved them away. No hysterical outbursts as there were three other patients in the Ward. Was ready to see them next day.

Medical examinations showed nothing abnormal in heart, lungs or alimentary system. Urine was normal, and a Wassermann test gave negative result (Blood and C.S.F.) An X-ray of the skull showed no injury.

MOTIVATION OF ATTEMPTED SUICIDE.

Examination of patient. Understood speech and reacted appropriately by gesture, or imperfect writing or speech. Read written and printed queries, and reacted promptly and confidently. Wrote her name and address on request. Wrote digits readily. Performed simple calculations and wrote the answers.

Description of speech. At the first visit, nothing could be obtained from patient beyond smiles and Yes, thank you, No, thank you (Inappropriate) and the words, Jack and Jimmie. Next day, these words frequently interpolated themselves when the name of a person or object was to be uttered. This occurred most in spontaneous remarks, but also appeared when imitation of phrases was attempted; and when answers to questions were wanted. There was considerable perseveration. If a difficult sound were succeeded ^{with}, it tended to recur in subsequent utterance.

Reading aloud was very imperfect, articulation of consonants causing considerable difficulty, with the exception of d, j, m, pl, qu, s, w, and y. G was nearly always managed. Could not imitate, Tom, ear, fat, gold, gave, lie, bed, butter, yet said, one, two, three, four, five quite clearly.

(Note, Tom is the name of the old sweetheart who sent a Xmas card.) Fat is a word she uses to refer to pregnancy Lie refers to the charge, and bed is where the quarrel occurred.)

There was perseveration with the sound qu. At first, the word queer was stumbled over (Query personal reference) The sound was analysed for her into k and w. After mastering the compound, she continued to produce it when attempting to pronounce r and s. Similar perseveration in other instances.

Description of writing: The first few letters are usually in order. Then there are omissions and transpositions. These she sometimes notices, as she will stop and start again. At other times her eye appears to be satisfied. She made no mistakes in writing digits. Could read again what she had written, and referred back to it spontaneously. Thus the name of the school she had attended appears as the name of the street she lives in. When asked what school she attended, she turned over several pages and pointed to the address she had written down

MOTIVATION OF ATTEMPTED SUICIDE.

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some time before.

Examples of the writing difficulty:

Asked to write the name of an object, viz. a pencil,,

pen-- pec--- pencils penec pencil pencil

Trials were continued spontaneously till she indicated her satisfaction with the final result.

(Object clock)

c-- co-- O' er o--- colar--- clock. (Relief.)

Asked to write the meaning of the second Terman picture, she wrote,

Cona--- Canb--- Camb--- Cand--- Cacad Canda.

Ide-- Iden--- Idans Swumig (? swimming)

(The picture shows Red Indians piloting a canoe.)

Examples of her success with simple calculations, given orally.

Add 2 sixpences, 1 threepenny piece, and 2 pennies.

Answer, (prompt), 1/5d.

How many sixpences in 2/6?

Answer, prompt, 5.

What is left if seven is taken from a hundred?

Answer 30. (!)

Examples of her readiness to cooperate in performance tests:

April 28th Healy Form-Board. First attempt successful in 50 seconds.
Second " " " 30 "
Third " " " 15 "

Kempf's diagonals Attempt successful in 105 seconds.

August 17th. Twins had been born a month prematurely. One died shortly after birth, the other looked frail and was jaundiced. The mother seemed pleased to show him. Her speech had improved considerably, but became halting if hurried. Fatigue makes the difficulty more pronounced. She willingly did further tests. BURT'S Following Written Instructions. 10-year credit. Binet-Simon tests. 10½-yr. credit.

10-year designs.....failed.

ken in connection with her school record and her employment record

as well as her social inefficiency, it seems probable that the patient is a moron, of unstable type. The aphasia is probably genuine. When admitted to hospital she was examined independently by a psychiatrist whose results were similar. He reported that under hypnosis, the condition did not lift sufficiently to be regarded as of purely functional origin.

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Factors influencing the attempt:

i)--Personal... ..Discomfort. Pregnant with twins.
5th month.

Bewilderment. Aphasic condition
began 2½ hours beforehand.

Anger. Husband put her conduct in an
unfavorable light to mother.

Tantrum-habit. From earliest years
had employed tantrums to
silence criticism. For many
years, threats and attempts
had secured protective indul-
gence.

ii)--Social.....No money for necessities, still^{less} for
pleasures and luxuries. Debt.

Erratic and inefficient housewifery
brought continual unwelcome comments.

Inadequate to task of mothering one
child, and a new arrival on the way.

Abortion hoped for, not arranged, and
ordeal still to be faced.

Her goal as far as it comes to awareness is that of a spoilt
child: to be admired, petted, excused, indulged, with opportunities
for 'outings', and provision of finery and furnishings.

Her reaction to the social situation is in keeping with her
poor poise, and poor intellect. Conflicting feelings arise in
the following connections:

Baby: Love of his looks and ways when "good".
Dread of continual need to "do something for him".

Husband: Eagerness for petting and caresses.
Impatient anger at suggested modification of her
ways.

House: Fear of the routine demands for effort.
Satisfaction in the possessions extorted despite
debt.

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Aphasia: Inconvenienced in attempt to shield herself from reproach.

Satisfaction in the concern aroused in her mother.

Quarrel: Terrible frame of mind aroused when baby clamoured for attention at 1 a.m. Fear to revive the experience.

Wish to supply an "explanation" that would hide from everyone the real experience, and suggest concern for baby. ("Shook him to make him cry after his fall.")

Pregnancy: Useful weapon at present. Mother coming over each day to manage for her.
Discomfort tiresome. Ordeal of birth dreaded.
Hourly care of young infant a nightmare.

Insecurity: Must let them know she needs help.
Must hide her real inferiority
Must lessen the effort demanded of her.
Must increase her possessions.

Tantrum: Succeeds with mother.
Sometimes brings blows from husband.

Suicide: Threats have succeeded with mother since the attempt to gas herself, at 17.
With husband, they have produced no impression save anger.

The "stop this at all costs" drive produced a genuine attempt; as the mother and husband had to hold her back by main force.

But the family and personal history indicated in the case-notes contains much additional material bearing upon the suicidal act.

CASE OF MORONITY.

E 81. Female, 28 years of age. Single.

Unlike twin. The twins are the eldest of 9 children. Difficulty in adjusting in home, at school, and vocationally. Physical health only fair. Mentally anxious and depressed.

She is half a head taller than her twin sister; has a squint; developed (four years later than the twin) at 17 years, none of her sisters being as late as this.

Disposition "nervous and hot-tempered". impatient, dependent. Ability very inferior to that of her brothers and sisters from birth on. MORON.

y history: At birth, patient was the plumper of the twins; and, at three months, the smaller baby was put on Allenbury's food. She was soon able to hold her own bottle, while patient had to be kept on the breast till a year old.. The twin commenced to walk three months ahead of patient, who from the first demanded more babying and nursing. The squint was noticeable at 12 months.

ool Progress: At school, it was soon reported that she could not learn. When the twin was put up a class, enquiry was made, and patient complained that she could not see the board. Glasses were got for her, but made no difference to her progress. The sister had the disadvantage of suppurating ears, but got on well at school, was a competent helper at home. Patient had special difficulty with arithmetic, was willing but impatient. At 13, Ellen was already in the Supplementary class, and exempted from further school. (Mother had just been confined with twins again. Everyone was surprised how well Ellen managed. Margaret was flustered and irritable and more trouble than her help was worth.) Margaret was still trying for her "qualifying", a credit which should be earned at 11, if no classes are missed.

onal y:- When at last she left school, it was through the good office of her teacher that a position as domestic help was secured for her. The teacher's grandmother was very patient with her, but found her very difficult to train. It was only through kindness that they kept her on till she was 16. Work was then obtained for her in a sweet factory, as she did not wish to continue with domestic service. While the work was quite simple, she did well enough, but was constantly under reproof. After serving several years, she was expected to do more responsible work. At once she began to complain of vague pains in her chest.

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CASE 81. Female, 28 years. Single.

She had time off and returned. Finally the forewoman left. As patient had been longest there, she was expected to take charge; but this she could not do. The girls took no notice of her. When they left things about, or failed to pack properly, she stayed ^{late} on, trying to satisfy the employer. At last she had seven months off, with rheumatism. The employer was old and his death occurred, a month before she ventured to return. "He had no sympathy with you, but you've seen the last of him." was the greeting of one of the travellers. She was not tried in the same capacity again, but was soon quite as unhappy in the new work, and was paid off very soon. A place was found for her, but she complained that she could not finish in time, that the work was too heavy; and would come trailing home two or three hours after the others. "The manager stood over me from morning to night." She became completely dissipated and took to her bed. After two or three months she was examined by a doctor who found nothing wrong with her physical condition, recommended change of scene for a fortnight and resumption of work. She was again helped to find a post, but objected that she did not understand window-dressing. They assured her it would be quite easy to pick up. She was alone in the sweet shop and there was no supervision, but the takings were collected each week. After some months, there was a rearrangement of affairs and a supervisor came weekly to check the sales and stock and daily for the takings. This worried her greatly. She had had no practice in calculating money from schooldays on. Now there were days when half a dozen customers might be waiting to be served and mistakes were easy. She had to make up her sales tally at night for the supervisor to see next morning. Again she began to complain of her health. Presently she lowered a window shade without noticing that she was endangering a passer-by. He was struck on the face, saw the management, and compensation had to be paid. Patient was reproved for lack of care. At this time, sales were falling off markedly. She explains that this is expected to occur in summer, but that she/

CASE 81 Female, 28 years of age. Single.

felt unhappy about showing the small returns, and thought the supervisor was dissatisfied with her. Although her holiday was due in a fortnight, she was so anxious to be out of the shop that she left work saying that she had a worried head, and thought her mind was going.

If her sister looked in, she would be greeted with, "I can't count." When a friend from Canada came to see her, it was just the same cry.

Mother and sister do not think she was ever one to think of anyone but herself. As long as she could get in front of the glass get things for her skin, take care of her hands, she was alright. If there was anything to be done she was irritable and easily flustered. She could not bear children (and there were seven younger than herself) not even wanting much to do with her little niece (Her twin's only child): "O do make her keep still; she gets on my nerves."

When at school she was constantly having vomiting attacks that would keep her home for the day (The twin has never been nauseated, not even during pregnancy.) She was very troublesome at service and always needing days at home from her work. She did not have anything to do with manufacturing sweets. They kept her to the despatch side. She had to put together in piles or open boxes the various articles ordered by each customer, in readiness for the delivery boy to take away. Later on, as new girls were engaged, she was supposed to show each where the various stores were kept and see that things were tidy. She then got a sore heel and stayed away for seven weeks.

She is of no use at all in the house, won't put her mind to it. She gets her twin to write letters for her to her 'boys', as she cannot write letters. Everything is a trouble.

Output of energy: Is talkative in company and gets plenty of partners at dances. Hot tempered and irritable.

Self-assertion: Easily daunted by obstacles. Little fortitude.

Dislikes responsibility, feels inadequate.

Adaptability: Inconsiderate in the home. Not helpful. No initiative. Does not keep her friends for more than a few months if they meet at all frequently.

81. Female 28 years of age. Single. Twin.

Habits of work. Is unmethodical, slow and easily flustered.

Undecided and inefficient. Upset by changes in routine

Moral sphere: Reliable re money as far as honesty is concerned
Evasive, and given to protective falsehoods. Report
unreliable.

Recreations: Does not read, though her twin belongs to a library
and is fond of novels. Likes dances and cinemas.

Prevailing moods. Dislikes changes; has refused to go on holiday
and has returned before a holiday was over. Is easily
discouraged, and remains depressed until she is set free
from the dreaded task. Not fond of children or animals.

Attitude towards self: Dwells on aches and pains. Eager for com-
pliment. Demands freedom from criticism. Impatient, and
fickle.

Attitude towards others: No friends of long standing. Selfish
and unhelpful.

Reactions (social). Personal appearance cared for. Very concerned
about her swollen ankles. Is a bad loser. Blames others.
Saves rather than spends. Not frank.

Attitude to reality: Masks mistakes and screens her faults
Is diffident, and unreasonable. No common-sense.

Sexual sphere: Flirting has been prominent in her conduct, but
she has never been engaged "She's not for marrying :
couldn't be bothered doing for a man, much less cooking
him a meal." (Mother. Sister concurred.) She reports
anxiety because intercourse occurred shortly before
the suicidal attempt. Yet declares that menstruation
was rather freer than usual. Since being in hospital
she states that she has missed one period, and that that
fact worries her. She hid her sister's pregnancy from
her mother until her condition was obvious. Is afraid
of rebuke, not dismayed by freedoms.

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Ideals, faith. Verbal familiarity with religious conceptions, but does not evidence any religious feeling. Regret seems limited to the possibility of having missed some opportunity for excitement, or adornment. Anxiety and fear seemed directed towards possibly unescapeable penalty for her various shortcomings. Her ideal is a very concrete one, the grown-up baby ideal, indulged, admired, entertained, and excused. Leisure and freedom from all responsibility are additional requirements.

The Suicidal Attempt.

Mother: "She turned against the shop, said the supervisor watched her. I didn't want her to throw up a good opening, especially as the holiday was near. But she began to rail, 'Everyone is against me. I want to be out of the shop. Life isn't worth living. I don't want to go on.' I made nice things for her to eat and promised her a holiday at Linlithgow, if she would stay the fortnight out. But, no, she just stayed off. I had to go and see if they would grant the holiday a week earlier and keep it open. They would only promise to consider the matter. Then I got the cottage and arranged for the twin to go with her. She would not budge till the following Wednesday. After two days out there, the twin returned to say Margaret was behaving strangely and the Aunt was noticing it. She was not sleeping and not paying any attention when spoken to." The mother was determined she should not return, and sent the father out to the cottage, to deal with her. His presence seemed to pull her together, and he stayed over the weekend. A sister at service obtained her holiday at this time, and went out to relieve the twin on Monday. On the Tuesday night, back they came. "Oh, Margaret, you are the limit. All this travelling to and fro has used up all the holiday money." was the mother's greeting. However Margaret stayed at home, and was very depressed, and would not hear of a return to the shop. The parents had arranged to go to London to visit the eldest son. They could not leave Margaret without close supervision, so took her

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to the Infirmary. It was arranged that she should enter a nerve hospital, at the time the parents left for London. " Before this time came, one Saturday morning, while I was at the stove, in she walked. Her tread was firmer and I thought to myself, Oh, she's better. She was at the dresser, but I didn't look round right away. Then, I turned and saw her drinking from the iodine bottle. Afterwards, she told me she had been watching that bottle for weeks. A neighbour helped me to get her to the Infirmary, and suggested the story of an accident to avoid the police proceedings. It was no accident. The medicine bottle was in an entirely different place and the iodine was on the dresser. It was bought for father's knee."

Patient: Her statement was full of inconsistencies and complaints. She described herself as the eldest of a family of whom all the others were married. This is entirely untrue, only her twin sister and one brother have married, out of a family of 9. She explained that she had been ill twice before with heart disease and rheumatism. (Investigated, and found untrue. Her heart is quite normal, and the rheumatism was altered to a complaint of 'heartburn'.) She was much on the defensive and declared she had not had any idea of taking iodine. The incident was a complete accident. She spoke of her post as a good one, said it was being held open for her as the management was quite satisfied with her, and she was anxious to get well and return to duty.

Later, when rapport was established, she spoke of difficulties at the shop and out of it. She was anxious and worried. Some of the reasons for fearing dismissal with her mother's vexation to face were correct. She spoke of dry mouth, and her tongue cleaving to the roof of her mouth. She told of a worried head, restless broken sleep, languor, and irritability. When asked about her courses, she looked confused. Then she asserted that they had been somewhat freer than usual, and that she had menstruated the previous week.

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THE mother was interviewed privately and asked about the girl's sex life. She was evasive at first, then admitted that she had made a practice of keeping a strict watch as it was necessary. She did not think she was overdue and did not think she could be pregnant. However, the twin had not admitted a similar state of affairs till she charged her with it and got her married. That had been a great disappointment to her, and Margaret had known and helped her sister to hide her condition. She had been very worried because she came trailing home at 10 at night, when the shop shut at 7. She used to say she had so much tidying up to do.

In a subsequent interview with the Staff Doctor, Margaret admitted anxiety as to possible pregnancy. Marriage would be out of the question as far as the man was concerned. An examination was made but was not decisive either way. However, the patient was reassured, and her spirits seemed to lift. Except for an enflamed tonsil and a few casts in the urine, there was nothing in her physical condition to note.

Now that she was reassured on one score it was considered advisable to reassure her on the other. She was told that it would be better for her to work among other people and not to be alone the greater part of the day, so that we could not let her return to the shop. She cheered up considerably, but did not feel sure that her parents would approve and they were away.

Test-performances were now repeated and added to.

Her sense of inferiority was constantly in evidence: "You will think I am a dunderhead: the seconds must be mounting up."

Burt Opposites Test; 10-year credit.

Written Instructions: 10½-year "

Woodworth-Wells Substitution test: 10-year credit.

Porteous Mazes: 8-year credit. (Disobeyed rules.)

Vocabulary test. 9-year.

10-year designs: Failed.

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Kohs' Moral Standards: 1. 10-year
2. 9- "

Binet-Simon tests. Failed all 12-year tests.

Passed ten-year tests, save the designs
and a query vocabulary.

The Kent-Rosanoff Association test brought forth many
comments and apologies. Phrases not words, often.

Mean time: 6 seconds. N.B. retardation.

Critical words were: Bring, take, boy, thief, insult
moon, ask, light, heavy, ugly
dream, stem, long, trouble.

She marked 36 likes and only 7 fears. When asked
whether she would not be worried by dirt
or faultfinding, she agreed, but was reluctant
to add to her list. 1 of the likes marked
was unusual, 16 were common.

The twin sister was interviewed. She was short and extremely thin;
and had a curious guffaw. Her account of her sister was almost
patronising and though half-amused was given with the air of
one referring to an individual of whom it was of no use to ask
anything. She seems to resent her twin's lack of interest in
her child. She was not at home when the attempt occurred, but
said that Margaret was constantly threatening to do away with
herself, unless should could leave the shop. She was making the
same comments now, in hospital. She had often 'gone sick' and the
doctors always said there was nothing wrong with her.

A further light was thrown on the attitude to the
shop by patient's confession that she had had a man in the back
of the shop, and that the girl who relieved her for lunch knew, and
threatened to tell the Manager. She had threatened in turn to
tell of her pilfering. The twin sister remarked that all the
Manager had had to say about the pilfering was, What's a sweetie
or two?

The picture is that of a Moron, required from childhood
to attempt to carry ordinary responsibility. Failing in every
respect, she developed strong inferiority feeling, and a tendency
to snatch gratification. Shirking consequences was in character.

CASE 81.

Precipitating situation: Home
Shop.

Home: If pregnant, Mother's attitude will be reproachful, and determined to get her married.

If she stays at home, there will be continual nagging at the good opportunity lost.

Shop: The supervisor must know of her errors in tallying. The girl knows she has been accused of pilfering by patient, and is unfriendly. The girl knows and has threatened to tell of the misconduct behind the shop. Probably she has told. The man will not realise the chances of their being interrupted by the supervisor. He has not satisfied her that pregnancy will not occur. She cannot concentrate on her customers' wants and finds their comments unendurable.

Wish to leave opposed: Urged to remain till holidays. Mother went to arrange that the post should be held open (Indecisive.) Mother forced her to take a holiday so that she would be ready to return to the shop.

On no account would she return.

Ill-health doubted: Appetite and sleep symptoms made light of; she had 'gone sick' before. Return from holiday to prevent improvement in health, the occasion for rebuke.

Parents' London trip: "My entry into a hospital may reveal pregnancy. Scene would follow. If pregnant, terrified of ordeal ahead and of the work of caring for an infant. Cannot keep herself: cannot keep a child. Cannot do housework; cannot marry. The man will not marry her anyhow, and she does not like him."

EARLY SCHIZOPHRENIA.

E 80. Male. 19 years. Single.

5th of 6 children. Only son. Parents living. Has almost completed four years' apprenticeship with the local chemist. Given complete satisfaction.

Physical health satisfactory. Medical examination negative in all findings.

Mental health unsatisfactory for several years, intermittently, in slight degree. Definite mental disorder for three months.

Disposition, conscientious, sensitive, anxious for approval. Of late, has evinced preoccupation with his looks more pronounced than that of most girls. "Why can't I have a head like Ella?" Buys the Film magazine to pore over the features of "handsome" actors. Weeps openly.

Ability uneven. Above average in science subjects barely average in language work. Query deterioration. Present intelligence quotient, 91.

Physical development: Birth normal. Healthy baby, forward in walking and talking. Childish ailments infrequent and slight. At 10, had a slight attack of diphtheria. On one occasion, at 12, he surprised family by walking in his sleep. He came to tell his mother they would be late for the school sports.

School record: He liked school, and carried the work easily, passing the Qualifying at 11 years. He had been monitor in this class, and had felt rather bothered when another boy was given a turn as monitor. Did it mean that the teacher suspected him of dishonesty? He was transferred to a secondary school. Here he did well both at lessons and at sport, captaining the team at football and being voted captain of his class. (Teacher selected a group and the boys then voted for one or other.) The Higher Certificate was secured at 15, but he continued at school for part of the following year. (He had a girl attending the school and he wanted to get into the senior football team.)

Physical development: Up to the age of 15, he was short and stocky. His mother's people had been short, and she sometimes said, "I don't want you to be wee, Jack; it doesn't matter about girls, but a man should be tall."

SE 80.

He took this very seriously, and suggested that a bicycle might help him to grow. The exaggerated use of the bicycle is of interest. "I used to raise the seat a little every so often to stretch my legs more." From 16 on, there was a spurt of rapid growth. He is now 5'10½ inches and weighs 10½ stone.

Coincident with the period of rapid growth, there was adjustment to the conditions of apprenticeship; there was friendship with a new group, all two or three years older than himself; and there was nightschool attendance four to five evenings every week.

About 18 months ago, an accident in the chemical laboratory caused extensive burns to face and eyes.

---- One of the most persistent delusions is bound up with this happening. He thinks marks can be detected whenever he stands in a good light. He knows the boy well who had the accident, was in fact his partner, and does not think there was intentional carelessness. "But I blame him for my bad luck."

His family think he has been less cheery and less inclined to seek company since this occurrence. They report solitary walks. He reports walks with girls. Both accounts may be correct. His present persistence in finding out whether his looks are criticised or not is not of sudden origin. The same interest might on one occasion drive him from company, because self-conscious and afraid that his looks were disparaged, and on another occasion cause him to seek company to satisfy himself whether so-and-so were willing to be seen walking with him.----

Treatment was quickly procured; and though he was taken to hospital, he was detained there only 10

80. Male. 19 years.

days. Several minor accidents have occurred through cycling, and though he was knocked unconscious on two occasions, he was soon able to walk home.

significant episodes. About a month ago, a woman who had upset him by exaggerated complaints of the dog he took out for a run, committed suicide. She had been suspicious and unneighbourly for some years, but it was not realised that she needed hospital care.

After seeing a gruesome film, in which the principal villain had a high head, the lad asked at home whether his head did not resemble the actor's. He did not realise that their assent was mere teasing.

After the laboratory incident, he returned at once to school, as in hospital he had missed one paper. He was told afterwards that because of that result not being available it was not possible to award him the gold medal. The following years he entered for part 1 of his chemistry examinations, and though he did not do well in physics, he passed everything but botany. Everyone was surprised, as at night school he was ^{one} of the three best at botany. Twice he sat again in botany; and each time failed.

output of energy: At shop from 9 to 7. At night school four nights a week. Swimming, golfing, dancing, long walks, in the week ends. Talkative with chums, not so talkative at home. Is handy with tools.

self-assertion: less pronounced than when he had companions of his own age. Is rather inclined to follow the lead of his new chums. Thus he gave up his cycle in order to have sufficient pocket-money to go to dances he did not enjoy, and to pay for cigarettes which he had ~~chaer~~fully gone without until now. Accepted the word of a message-boy as to the shape of his head although no one else confirmed the boy's statement.

stability: Pleasant and cooperative at work. Obedient and fairly obliging at home. Has no difficulty in making friends. Recently has disliked serving in the shop and going into company because he feels conspicuous.

st of work: Puts work first. Is careful and thorough. Has been sufficiently punctual to escape rebuke. Is alert and decided.

al sphere: Reliable regarding money, and respects rights of others. As soon as his preoccupation interfered with his work, he stayed away. Report has been accurate, but there have been significant omissions. Fibbing is fairly frequent at home, most of it being kindly in intention, though some is to shield and some to evade.

BE 80. Male. 19 years.

Recreations: As above. As his life-story shows, he has entered into many forms of sport. Recently, he has sought solitude in order to brood over his ill luck. Earlier he began to subscribe to a weekly which professed to teach a variety of subjects, and took up the weekly courses with enthusiasm to prove "that I was still as good as ever." N.B.

Prevailing moods: Stable, moderately cheerful but never exuberant. Not easily put out but inclined to sulk if denied what he thought reasonable. Recently, has been easily discouraged.

Attitude towards self: Self-reliant, confident, anxious for approval. Recently, unduly troubled about his looks, "People must think I look mad with a head like this." Despondent because this was a trouble he could not remedy by effort.

Attitude towards others: Amused at misfortunes, but hides the feeling. Not particularly thoughtful or helpful but does what is necessary willingly enough. Has friends of long standing, but the friendship has not been tested in any way. Is not particularly sympathetic, or unselfish. Dislikes his sisters to borrow his books until has quite finished them. No marked antagonisms. Not particularly trusting, but not suspicious. Is not inquisitive.

Reactions (social). Is neat in person. Anxious to look 'right'. Is not a bore, nor intrusive. Ready sense of humour, and ready for fooling at work or at home. Associates with older lads. Mixes freely with friends of his sisters and brings his own friends home. Is careful about money, not greedy, and not a hoarder. Recently has been full of self-pity, brooding and even crying. Only solitary, in order to brood.

Attitude to reality: Practical. Admits mistakes and faults where these are important. Screens his preoccupations from comment by evasion and reticence. For almost six months has had a tendency to day-dream, "If only the accident had not happened....etc." Has not been able to reason himself out of his dissipated condition nor to take reassurance from chums, doctor, or parents.

Sexual sphere: Distinguishes between the girls he likes to take to a show or go out walking with, merely for something to do, and those he is really attracted to. Amusedly admits that each of the latter has been accepted as the "only girl for me"; but each has been superseded more or less easily.

80. Male. 19 years.

Hopes to marry as soon as he can earn enough. Is interested in his sister's love affairs, and takes a hand in preventing today's escort from learning of yesterday's. The home atmosphere is a curious mixture of prudishness and outspokenness. Most of his sweethearts have been of his own age, though one was two years younger. Part of his recent depression was coloured by the thought that his hair hid the shape of his head pretty well, otherwise his latest girl would not want to go about with him. "It would not be fair to deceive her," but he had not the courage to undeceive her. Except in his crying and concern about his appearance, he is not effeminate at all.

Religious factors: The boy is not specially interested in religion.

He says he can't make up his mind about God. "There must be some kind of Being, but I don't ^{know} about him. I sometimes think people are given hardships just to see how they will take them. I think then there must be a hereafter. At other times I think there cannot be a next world."

"When I'm feeling well I hope to qualify and get a good position in order to repay mother and father for what they've done for me. When I am not well I feel I could never enjoy life in the future."

Present illness: Onset: Mother:—"He always did so well, so he took it very much to heart when he failed in Botany. It was the day after the results came out that he became depressed first."

Father:—"He has taken to solitary walks the last year or two, and keeps to himself more."

Sister:—"He has never been what you'd call a really cheery boy. Anxious and worrying."

Self:—"When about 18½, I hated to have my hair brushed flat by the barber, always altered it, and stopped wearing a hat. This was some weeks after the accident, not at once. Then I was told I was roundshouldered, and this made me very unhappy. I began to think I was the unluckiest boy there was. Then I had peculiar feeling in my head and I wondered if the chemicals had somehow entered my brain. My eyes were bloodshot sometimes, and I wondered whether this meant I would go blind. I had pains in my chest. Doctor said afterwards it was indigestion, eating rather a lot and eating quickly. But I was sure I had heart disease and

CASE 80. Male, 19 years.

might drop dead at any time. I got chilblains, and the chemist I work for said it was due to bad circulation, so I felt sure my heart was wrong. Then I got a funny feeling in my right groin, rather painful but not very. I felt sure I had appendicitis. I went to the doctor this time, and he only gave me opening medicine, said I shouldn't let myself get so constipated. I haven't worried about the appendicitis since. When I smoke cigarettes, sometimes a bit of ragged skin on my lip catches. It seems to stay ragged and not grow smooth like the rest. I was afraid that meant I would get cancer of the lip. All these fears I worried over but did not usually say anything about them. I saw the film, Frankenstein, and the actor's head reminded me of my own. The message boy said one day he thought I had a funny head, and my sister thought so too. I used to watch people in the street to see if they looked at my head and then I would cry when I got by myself.

It wasn't the examination though I thought I had done pretty well the first time they failed me. The next two times I was not studying as well because my mind would wander and I would commence to worry. But there were other times when I could learn as well as ever. It was alright in October and November. About the New Year (1933) I began to worry again. I couldn't enjoy going where people were because they noticed my head and the marks on my face. I used to sit in my own room before the fire and wish I hadn't had the accident and cry because I was so unlucky. Then in March I cried all day for several days. It lasted nearly a week before I went back to work. It started again in April and I gave up work and went for a holiday. It came back then and I faked a prescription for tr. of belladonna, intending to poison myself. I drank the whole $\frac{1}{2}$ oz. but next morning I realised nothing was going to happen. I was very miserable and told my Aunt. She said I should be very thankful, that she would not tell my mother if I would promise not to do such a thing again, and that I must go home at once. I got bad about a fortnight later and hunted through the press for something to take. I found some salts of sorrel and mixed about $\frac{1}{2}$ oz. The taste was so horrible that I only got about half of it down.. I didn't want to take anything painful."

CASE 80. Male, 19 years.

When they found him in bed they wanted him to get up and go to the pictures, but he was too afraid that the poison would take effect, but not confide in them. On two other occasions, he drank mixtures which he thought were bound to make him sick but nothing happened, and his depression increased.

Coming home late one night worrying more than ever and crying, he thought he would kill himself by using gas.

suicidal attempt: Sister: The night before he went down to the shop for me and brought home some flowers, then he went out with the boy in another chemist's shop. I did n't hear him come in, but early next morning I heard mother scream. I ran to the kitchen and there was James unconscious and the room full of gas. I never dreamt he would do a thing like that though when he had the crying spells, he often said he wished he was dead.

Mother: I had been very worried about him. He went to the doctor every week. But he would lie and cry and couldn't get the thoughts out of his head. One Saturday I was very upset and said, How long is this going on, James? Are you going to upset me for ever? He answered in such an odd abrupt way, "Oh, no, it won't go on for ever." that I had a feeling of dread. His bedroom has a high window, and I was afraid to have him sleeping in there. So I made the excuse that it would be nice for him to listen to the wireless and put a bed in the kitchen. I never thought of the gas. I had poured the lysol down the sink one day and never got any more in. I found him myself, just sitting forward in the chair with the bedspread over his head. When I screamed, Ella ran to me. There was no note or anything.

condition in Infirmary: Very distressed at his inability to distinguish true memories from false ones. Constantly putting the same question to different people, and rewording it to put it again to those who had already answered. He was alive to what was going on in the Ward and asked what kind of cases came to this Ward. At the end of an hour I found that he remembered quite well what I had said to him at the beginning. He could not remember the events of the previous week, but did remember golfing eight days ago, and going to Ben Ledi the following day. He was orientated for place, but gave me the impression that he was seeking confirmation of his memories, everything seemed long ago that had occurred prior to the attempt.

SE 80. Male, 19 years.

Patient's account of the attempt: After mother put out the light, about a quarter to twelve, I lay and listened to the wireless. Then I planned to gas myself in the scullery (a tiny alcove off the kitchen). I did not wish the gas to spread through the house, so left the kitchen window open. I remember going into the scullery lying down and turning both taps on. I noticed the hissing noise it made, and I went on crying I wondered whether Mother would not hear it and come and find me. It was very uncomfortable. I remember turning off the taps and going out of the scullery, but only hazily. I must have acted automatically after that. The next I know is being in the Infirmary. They tell me I took the tube off the bunsen burner and put it in my mouth and pulled the bedclothes off my bed to cover my head with. But I don't remember this at all.

"I often told David I wished I were dead but I got no sympathy from him. Mother does not know of any of the other times except this. I am always rebelling about my bad luck when I plan to take something, and crying because I have to do such a thing. I want the pain to begin so I will know it will soon be over. I think that I am only 19 and will miss a lot by dying so young. But I feel that it is too much, that I cannot bear it, and I am sorry for myself. I wouldn't jump or cut myself because it would hurt and I wouldn't try to drown myself because I would begin to swim."

sequently the depression lifted for three weeks, then recurred for several days: "Last night I wished I were dead. There was some palpitation and I hoped my heart would stop altogether. There was another period of improved poise, during which he was given the various tests reported on the following page. He also wrote the attached story of his life. This is not edited in any way; but slips he failed to notice are underlined, throughout.

er reports that the boy had the habit of poring over all newspaper accounts of gruesome happenings. He brought home many twopenny thrillers, stories of sensational type.

80. Male, 19 years.

ptoms prior to attempt: Chiefly the weeping and remarks about his "different" appearance. He has not complained of headache, but constantly pressed his temples, pulled his nose about and pulled at his ears, as if to modify their shape. It was the shape of the top and back of the head to which he referred

significant happening. A month before the suicidal episode, a neighbour committed suicide. Her illness dated from the menopause four years earlier when her last child was born. She was morbidly angry when this child was startled in any way. Patient used to take his dog for a run each evening, until she abused him roundly for having a dog, saying that it had frightened her little girl. As the dog was a very friendly animal he took little notice of this till one night she called so rudely to him, that he lost his temper and told her to shut up. At that she called her husband and son and all three abused him. His mother declares that he was struck but he professes to forget this. Before her suicide the neighbour was bereaved of her eldest son by a street accident. To help her to get over this loss the father planned to move elsewhere. It was the night before the moving that she got away to the seaside, and drowned herself.

Family history: Father had three brothers and 2 sisters. All are living save one torpedoed in the war.

Mother had 8 brothers and 3 sisters. All but one brother are living, and all are earning their own living. Her father ^{died} when she was small, and her mother took to her bed, dying six months later from a "broken heart". (This giving-up may have significance.)

One of patient's sisters is inclined to be hysterical, but she is quite efficient and earns her own living. None of the others is regarded as at all highly strung.

80. Male. 19 years. 5'10"; 10½ stone. Pleasant appearance. Looks healthy. There is nothing exceptional in the shape of his head, and there is no trace of the acid burns, save to a very minute inspection.

Seemed eager to do the tests, as if to reassure himself as well as to satisfy me. Anxious to be informed as to his ranking, and relieved when I complimented him.

Tested in June, July, and again in September (prior to discharge)

Binet-Simon tests. (Stanford Revision) 14½ year credit.

Details: Vocabulary, 14 years.

Intelligence quotient, 91.

Passed all 14-year tests, save digits.

Passed the difference between abstract words. 16-year.

Passed the 16-year problem.

Failed all other 16 year tests.

Failed all 18-year tests.

Kohs "Moral Standards" 1.....15-year performance.

2.....13½- " "

Burt's "Following Written Instructions" 15-year performance

Spearman's "Analogies" Adult performance.

Likes and Fears tests. " "

Woodworth and Wells' Substitution test: " "

Motor control: ½ sec. per letter slowed down to 15 secs. per letter.

his record is that of a lad of average intelligence, with eagerness to do himself justice. His school record promised better than his. There was denial of mind wandering during each test

period, though between tests, his thoughts on the first occasion occupied themselves with his misfortunes.

If deterioration has occurred, and his intelligence quotient is really over 100 during the school period, the depression takes a more serious character. "Sometimes, I don't want to get well."

Patient's Story of his Life.

le, 19 years.

At the present moment as far back as I remember is my first day at school, in 1918, when I was five years old; my school being L.Academy .

When I was eleven years I passed the qualifying examination and passed into the higher grade school. During that time I did not take school work seriously, spending as little time as possible on home-work and the rest at play. At eight years I went to the sunday school and continued to do so for three years when I then passed into the bible class.

From eight to eleven I spent many hours with a wood-work sent, shaping wood and making model ships etc., and drawing a great deal.

My chum, J.B., at that time lived opposite our home and his father had a baker's shop and when free we spent hours in the kitchen watching cakes and bread baked.

When J.B. and I were bother eleven years we returned from the sunday school one afternoon and since we had an hour or so to spare before tea we went down his backgreen. In this green there was a low window belonging to the storeroom of a wholesale stationer's shop. The window had been left open a little from the bottom on the previous night when they locked up for the week, and on looking through we saw stacks of papers and magazines so I open the window farther, which had vertical bars over it, and cut a string round the stacks and read the magazines for a while, put them back and departed.

On the following sunday we went down again and when we opened the window the stacks had been moved out of our reach; after a while we discovered we could squeeze through the bars into the

age 80. Male, 19 years.

cellar so we went in, cut some more stacks and were reading as before when a policeman arrived and caught us. Our parents were informed and we were told never to do such a thing again. We never did.

When eleven years I joined the Boys Brigade(10th.L.Coy.) but as we spent most of the time drilling and listening to lectures this did not appeal to me and the following year J.B. and I joined the 9th.L.Scouts.

At this time I started Rugby and in a short time captained the Academy Junion Team

I began to take more interest in the school work. I obtained high marks in Science, Maths., and Art subjects and was usually near the top of the class and therefore made captain I got a little metal badge for the distinction.

During my fourteenth, fifteenth and sixteenth years I kept to the top in Science Maths. and Art but only moderate in French Latin and English.

I continued playing rugby up through the various teams until in the 2nd \overline{xv} when I was sixteen I/now in my fourth year class. I then left school having obtained my higher certificate the previous year.

During my last two years at school I went walks with a girl .A. two nights a week. I had now given up the Church Classes on Sundays and went for cycle runs with J.B. and another chum G.W.

Before I started work I went for a trip up to Orkney and Shetland islands (I had been before).

I Began work in August 1929. The following month I started night classes four nights a week - Monday, Wednesday, Thursday and Friday. On Tuesday nights I went walks with a girl N.W. and I had to write notes on Chemistry, Physics and Botany for the week at week-ends.

Case 80. Male, 19 years.

My half-day was on Wednesday and I usually went to play golf at Seafield in the afternoon with J.B. Sometimes the swimming baths and the pictures.

At the school, L. Technical classes, I got on very well at Chemistry and Botany but not so well in Physics.

In April 1930 my mother bought me a motor cycle and I got so keen on it, I gave up going out with J.B. (my chum) and the girl N.W.

All that summer I spent my spare time with the cycle, going fairly long tours on Wednesday afternoons and Sundays. In the winter months I put the cycle away for the following Summer.

That Winter I spent mostly studying. I did not have any special chum nor did I go out with any girl

In the Summer of 1931 we left G. St. and went to C. terrace and chummed with three boys G., J., and T. They were all older than I. We spent the nights going to the pictures or for walks. In the winter we went to dances now and then on Saturday nights. On Sundays we went walks. I still went four nights a week to school this winter.

At this time I was eighteen years old and during the winter session was burned with the acid.

When in Hospital I made friends with a nurse and after leaving there I took her every week to the pictures for a few months.

At this time I sold my cycle, as I needed my pocket money for cigarettes and amusements (I started smoking at this time.)

At this time I was as happy and contented as anyone and never worried about anything, but when I went for a haircut I hated

Case 80, Male, 19 years.

when the barber brushed my head flat on my head it looked queer but I didn't worry about it. I just went home to put it the way I wanted. I also discovered that if I wore a hat it flattered it down so I stopped wearing one.

About this time the message boy told me I had a funny head. I went home and said to ella "Look, what a funny head I've got", and she said to someelse in the room at the time "Oh yes isn't it high." I went to bed after flattening it down to have a look at it and cried for a very long time.

I discovered that when I looked in mirrors where the sun was shinning I could see the marks on my face caused by the accident and this depressed me further.

Before this I never looked at every person I passed in the street but now I did and noticed that they all look up to my hair. So that in the shop I spent hours looking at my head in all directions in the mirror. This always made me unhappy, sulky and not inclined to do much work - therefore I stopped looking in mirrors and at people in the street and I got alright again.

In the Summer of 1932 I started real worry. Somebody told me I was round shouldered and when I went out I tried to force back my shoulders to keep straight.

I then began to say to myself - Why should I be the only one in the family to have a funny head - why should I be the one that's round shouldered- why did I have to be hurt by the acid when it exploded.

80. Male, 19 years. Single.

(One the night of the accident we were analysing salts. We
 ked at benches, side by side a few feet being between my partner
I. R. was standing almost next to me on my right and / saw
 put about twenty grains of a black mixture into a test-tube about
 inches long more than haf an inch in diameter but less than an
 h, he then half filled the tube with concentrated sulphuric acid.
 master in charge of the class was out at the time and we were
 king together about the notes we had to write when we got home.
 R. then began to heat the tube and I said to him that he had to
 h acid in the tube - he then began to heat the tube and I went
 with my salt. In a minute or so he had boiled the acid and I heard
 "bumping" and looked across at it then the contents of the tube
 uck my face and eyes. Hands grabbed me and took me to the sink a
 washed off the acid with water and I could hardly see. One of the
 er students said my face was swelling and said he would take me to
 Hospital - the master had not returned when we left. This student
 ured my face with vaseline before we left.

It only took us five minutes or so to get% to the Hospital. I ø
 d see a little with one eye and saw the people in the tram-car
 king at me - I kept my face covered with a handkerchief.

Once in Hospital they put me to bed - put a dressing on my eyes
 gave me an injection of morphine ($\frac{1}{2}$ a grain - I saw it on my chart
 w days later). When I awoke the next morning my eyes we bandaged
 nd the surface of my nose and round about was all hard if I tapped
 with my nail it was like touching wood.

When I got out of bed I remember looking into a brass memorial plate
 he ward and seeing the hard brownish skin - but I didnt think any-
 g of it -I said to myself it'll come off - It did. I got my bathed
 or five times during the day and night. They soon came alright.)

80. Male, 19 years. Sing le

Then I consoled myself by saying - everyone can't be perfect - accidents happen to hundreds - even though I have a funny head I'm as good as anyone - hundreds of people are cripples and they did nothing to deserve it - I've got all my facilites and perfect health - a good home and good parents.

I then began to think I was going blind - I don't know why.

I was thought I was taking consumption.

I thought I had a weak heart.

I thought some chemicals had entered my brain (I had had peculiar headaches.)

This didn't last long - I soon stopped these thoughts.

In September 1932 I sat Part 1. and passed in Chemistry and Physics and was referred in Botany.

From September onwards I began learning everything I could in Botany until I thought I could not fail again.

In the shop I started reading all sorts of books on Chemistry, Pharmaceutical Formulas, old books on medicine and Poisons. This gave me a new interest and I became as happy as I had ever been.

I bought a book every week and started to learn different subjects - Italian - French - German - Psychology - Astronomy - Biology - Zoology etc.

I was still as good as ever and began to pride myself in my knowledge.

In December I sat part 1 again and again failed in Botany.

At this time I had another chum who also worked in a Chemist's shop. (David)

About the New Year I began to worry about my head again.

My father was away all week - mother sometimes went to whist drives and my sisters went to dances and when I watched them going away it used to depress me.

I then went to one or two dances but I never enjoyed them (I thought people stared at my head and they marks on my face) I did

se 80. Male, 19 years. 1933

not become a good dancer and did not try to - I was too self-conscious.

During January, February and March sometimes I was as well as could be and sometimes depressed.

In the shop I swotted Botany; at week nights I went walks with David (or to the pictures).

Then on certain nights I liked to sit in my room in front of a fire reading the various subjects I got interested in.

When the long nights came in David and I went to the putting greens at nights after 7. On Wednesday afternoon we went for a swim - also on Sunday mornings about 7 o'clock till 9.

Between April and May I began to worry again and latterly had to leave the shop - I was then sent down to Kilmarnock for a holiday.

When I was there I met a girl (Jean) with whom I went for walks and was very happy. I planned to go camping to Arran with the Rover scouts at Kilmaur and to enter for the atheletic Scout meeting.

Every morning my cousin and I went for runs around the countryside near the farm training.

One day I got depressed again and thought to myself - I wonder what Jean would say if she knew that I had left my work because I thought I had an abnormal head and that I had lain in my bed and cried as I did - then I thought Jean can't think I've got a funny head or she wouldn't go out with me, but then I said she can't see my head for my hair so that it wouldn't be fair to decieve her about it.

At last I came to the conclusion that I had better stop seeing her - again I got depressed I said to myself I would be better off dead. I went into a shop in Kilmarnock and obtained Tr. of Belladonna ($\frac{1}{2}$ oz.) and drank it - nothing happen,

after this I told my Aunt I would like to go home.

We I got home I picked up again for a while, but kept saying to myself I wonder what people would say if they knew I had attempted suicide. Then I thought I had no right to live now.

I Began to smoke numerous cigarettes and saying how great it would be to live normally. I then took various substances to do myself harm - anything to make me ill - but nothing did.

Then I thought of gas one night while in bed after crying for hours when I had gone to bed.

Answers to questions: (written).

1. Would you rather be rich, handsome, clever, or loved?

2. What difference in thinking and feeling is there on a good day and on a bad day? How do you account for bad days

That's my trouble, I suppose I'd like to be clever handsome rich and loved.

Out/ them all I'd rather be handsome because if I was them I wouldn't have that worry about my appearance and without that I would likely be very optimistic on cultivating the other qualities.

I have never envied any person for their riches. I'd rather not have my two worries that all the money the richest man has got.)

On a good day I convince myself that I'm not as bad as I think I am. I think of how I will study and get on well and stop worrying and I feel quite optimistic for the future.

On a bad day I think of the worry and bad times my head and accident has caused me and think how good it would be to go about, sleep and eat without these two worries. I think I'm one of the unlucky persons alive and have no hope of anything for the future, saying to myself what's the use of studying or working when I hate myself.

Bad days occur often when I think how good life could be for me if I hadn't these worries.

Note the difficulty in writing the letter n the end of his surname. Note the small letter for Ella, who unluckily confirmed his fears. Note the significant frequency of unfinished words. Remember too that this boy did better than average work at school, yet fails to notice slips in grammar and punctuation.

FEEBLEMINDED INDIVIDUAL.

SE 49. Male, 15 years.

- { Has two sisters aged 19 and 21 respectively.
- { Has three step-brothers, aged 9, 7, and 5 years.
- { Is short for age, but his weight is right for height.
- { One testicle is undescended.
- { There is facial asymmetry, nose deflected to the left,
- { the mouth askew with under-lip prominent and over-full,
- { the ears differently shaped. Tonsils removed. Adenoids present.
- { Left shoulder is held higher than the right. Pigeon-chested.
- Chronic suppurating ears. Mastoid operation, 4 months ago.
- Disposition, violent, jealous, timid but rather cruel.
- Ability so poor that he does not succeed as well as his fellows in a school for defectives.

ly development: Born at term. Pregnancy and birth normal.

A bottle baby, but came on well. (Father away from home imprisoned as a conscientious objector to war; Mother died when the baby was five months old, and he was then reared by friends.) At 15 months, he began to take illnesses and at 2 had double pneumonia. This affected him seriously and left him with suppurating ears.

Walking delayed, not till $3\frac{1}{2}$ years old, alone.

Bowel and bladder control delayed till 4 or 5 years.

Was exceedingly fretful and wilful after the pneumonia, forgot the words he had previously acquired, and did not begin to talk again till 5 years old.

Trouble with the ears was continuous in spite of all that was done for him at the Sick Children's Hospital.

One discipline: Because of his delicacy, the parents have been especially considerate. He regarded the step-mother as his own mother until quite recently, and was disbelieving and indignant when told of his own mother. He seemed to regard the story as a device to give the younger boys more claim upon her than he had, and showed keen jealousy. She is very attached to him and it is to her unremitting care that his limited success is due. The father explained that the boy did not seem to feel ordinary scruples or remorse. He shrank from pain, and corporal punishment has been resorted to when other methods failed to deter him from stealing, violence to the younger boys, swearing and untruthfulness.

49. Male, 15 years.

At other times, in order to avoid punishment, the father tried to explain to Jim that even if he did not see him do what was wrong, God knew, and he would be punished by and by. The boy pressed for details, and was told that cruelty was punished by burning in a lake of fire after death.

School progress: Broken attendance interfered with instruction and he had to remain in classes where children were 4 to 5 years younger than he. He went contentedly enough to a special school for defectives, until he found that the step-brother of 9 was learning a kind of lessons not taught at his school. There were schoolboy jokes about the special school as a place for those who were not right in their heads. By the time he was 15, he could read and write about as well as the brother of 9, but he did not know nor understand tables. He could draw about as well as the average boy of 10 or 11.

Abilities: eager to learn what the 9-year old brother was learning.

Rote memory as good as his brother's, but plunging and impulsive performance caused the comparison to be constantly unfavorable. All practical tasks were marred by clumsiness. Constant breakages at home and at school made it an expensive business to provide him with sufficient opportunities to gain control. Tasks indoors or in the garden were shirked if he was to carry them out independently. He preferred to stand beside the mother and assist with the dishes, or fetch and carry; but even then his helpfulness soon waned.

Speech development had been seriously interfered/with by the complete deafness on the left side, and partial deafness on the right. Sentence formation and pronunciation suffered. Stammering became more pronounced after the operation for mastoid and other children, not understanding his handicap, imitated and teased him. If they were smaller than he, he would take drastic measures to stop the teasing; but he would not stand up to boys of his own size, resorting to phantasy in which his tor-

E 49. Male, 15 years.

-mentors came off very badly indeed.

Recently his behaviour at school has been so provocative, and misdemeanours so varied and serious that expulsion was considered.

Self-assertion: Eager for boyish pleasure, and importunate. Was very put out when he was given a small room to himself, at home, because he feared he might miss some of the fun the three younger ones had together. (The separation was dictated by his rough handling of the smaller children when thwarted. He was affectionate, enough; but too strong, in temper, to be entirely safe. Besides, he had recently come home with very undesirable ways of playing and speaking.) Venturesome, and very jealous because the others could go in swimming. His perforated ear-drums made it undesirable for him to bathe. Is obedient and mannerly with strangers, until he feels sufficiently at home to get into mischief. Is suggestible with older boys, but dominates younger ones.

Adaptability: When not over-stimulated, and not in pain, the boy is not difficult to manage. The mother has little difficulty apart from the breakages, when all of the others are from home, and he can give his full attention to what she says. In many ways the boy is lovable. He is so distractible, and so afraid he may miss something, that divided attention is the rule.

Habits of work: Inefficient, erratic, and procrastinating. If the task is well within his power, and there is plenty of encouragement to proceed or at least an adequate incentive, the boy is persistent, and works at moderate speed.

Moral sphere: Where there is no reason, protective, or spiteful, for concealment or evasion, the boy is bluntly truthful. He is not reliable about money, and will take other boys' possessions if there is opportunity for doing so undetected. "I often think I would steal this if I could be sure I wouldn't be strapped. And I wish they were dead and plan to kill them when they won't let me do what I want. But as there are such a lot of policemen, they might find out about it, so I do other things!"

49. Male, 15 years.

"When Jackie said, 'Ooh-oo' when I dropped the soup bowls at school, it brought the teachers out and they knew I had done it. I didn't kill him, but I took a boy's compass out of his desk, went out into the cloakroom, and put it into Jackie's coat pocket; so when it was found missing, Jackie would get the strap for it." He mentioned two thefts he would like cleared up with the headmistress on the understanding that he was not to be punished; and another he did not want cleared up as he knew his mother would slap him for that. When asked whether he felt sorry he had been stealing, he looked up with a mischievous smile, and said, "I don't like being hit, that's all!"

creations: Romping, marbles, and rounders with smaller boys. He interferes with but does not join in games of older boys; and strikes the smaller ones if not allowed to go his own way. Often he is not obeying the rules of the game through inability to listen while excited; and often he cannot ask because of excessive stuttering.

evailing moods: Unstable. Easily angered, not so easily consoled easily discouraged. Is very sensitive to unfavorable comparisons. Has childlike sense of humour. Timid yet venturesome.

titude towards self: Anxious for acceptance, for evidence that he has succeeded. Self-conscious about speech difficulties. Fearful because of neuralgic pains, earache, and headache.

titude towards others: Affectionate, jealous, trusting, revengeful, greedy, sociable. Marked dependence on parents, and on one of his sisters. Marked antagonism to those who intentionally or accidentally get him into trouble.

actions (social): Fond of being in his best clothes. Fond of fun, but is often tantalising. Blames others and is a bad loser. Boisterous in play, self-pitying, and stubborn.

titude to reality: Quotes parents and teachers as unimpeachable authorities. Holds to his opinion tenaciously. If there is any penalty will not admit mistakes or faults, otherwise is quite frank. At present is suffering from a distressing mental disorder, causing great mental pain, and confusing him: "It has got worse lately. I don't know whether things have

49. Male, 15 years.

happened or not. I have to ask Frank did I kill her, or did I throw that girl's hat over the hedge, or did I hit that man. And, when I went to the school picnic and came home, I thought, I don't know whether I've been to the picnic at all. I'll ask Miss H. (his school-teacher) if she saw me there; then I'll know." Note that he was asking in roundabout fashion so as to avoid letting others know of his uncertainty. He behaved similarly with his parents. "The things I think I have done are things like killing and stealing, things you can be locked up for or hung. I am afraid to ask about them in case I have done them and they will punish me. I am only telling you because these pains are terrible. It feels as if my head would break in two. It doesn't seem worth living if I am going to have my head hurt like this. I can see the old woman lying dead, and my arm feels like it threw the stone. Only Frank was there, and he says I never shied it. The pain is more on the top as if it would come open."

Sexual sphere: Is modest at home, but has learnt to masturbate from older defectives. Was very alarmed at his father's unwise, exaggerated warnings. Had been made curious about sex matters but would not dream of asking at home. Obtained very distorted incorrect ideas from other defective boys and girls. In hospital he heard God's voice again, very angry, and very loud. It sounded outside the room up in the sky. No one else in the room heard. He said his prayers, promising not to do any more wrong things, but he was crying and frightened and his legs began to jerk "like they did when father caught me playing with you know what, and said it wasn't a good thing to do; and they shook and I couldn't stop them. The attendant came and gave me a drink, but he couldn't hear anything, and I didn't want him to know I heard God, or the other people in the room. Did other boys ever hear voices that weren't there? Would it be alright?"

Religious belief: "There's a lake of fire where wicked men are tortured after they die. God knows what children do and

ASE 49. Male, 15 years.

punishes them. He shouts angrily at me but I can't hear the words he says." The boy has a good memory and is very literal. He accepts implicitly the explanations given him, often preferring their statement to his own memory of what he himself has done.

suicidal attempt: Between 13 and 14 years of age, he had new ear trouble, became over-fatiguable, excessively irritable and passionate. He began to put on a very ugly face and nurse grudges. He said many times he would like to kill one or other of the children, and at other times said he would kill himself. In April, he was told he could not accompany his sisters on their walk because of his bad behaviour. When he grew angry and threatened to kill himself, his father said, "Oh, no, you won't; it would be too sore." The boy rushed upstairs and his father followed to find him giving himself an ugly gash on the arm. "There now, see if I am afraid. Will you believe me now?" At other times, he had thrown himself violently against furniture or the ground to hurt himself and frighten them.

When interviewed and asked why he had hurt his arm like that, he hung his head and said it was better now. Again asked why, he replied "To punish myself for not being able to be trusted." "The others have lots of walks and I could to, only Mother could not trust me, unless she went too. So I was in a bad mood and did it. Ella told me it was wicked to hurt my body: it wasn't mine to spoil; it was bought with a price, and God would be angry."

Intelligence tests: Binet-Simon scale (allowing for language difficulty) about 10-year credit.

Healy Picture-Completion test: 10 years (barely).

Drever-Collins Performance test: 11 years.

The boy was very distractible, and interrupted the test with many irrelevant comments. Several times the testing had to be postponed.

CASE 49.

Precipitating situation: Forbidden to accompany sisters on their walk. (Sweets might be bought, and eaten.)

- i). Anger roused when his bad conduct was mentioned.
- ii). Jealousy that the others should have what he must forego.
- iii). Self-vituperation: My own fault.
- iv). Tantrums fail as often as not.
- v). Threats fail with father.
- vi). Their ridicule must stop.

Predisposing factors:

- i). Onset of pubertal period.
- ii). Recurrence of suppurating ear, with dread that similar experience to that of 4 mths. ago may be in store. (Mastoid operation had alarmed him greatly. His stammering increased very much afterwards, and the occasions for ridicule at home and at school were multiplied in consequence.)
- iii). Recent discovery that Mother is not his own mother, and is more Frank's than his. Resentment, jealousy.
- iv). Distressing mental condition. Violent head-pains, and uncertainty as to the truth or falsity of guilt ideas.
- v). Anxiety producing nightmare, and violent outbursts of temper and cruelty. Increased discipline in consequence. Denial and frustration.
- vi). Increased sense of inferiority because the 9-year step-brother has now caught up to him and is doing work not taught at his school. Pronounced disfavour at school on account of his increased distractibility and undesirable behaviour.

The boy's conscious goal is childlike but there is marked conflict. He wants praise, presents, freedom from restrictions.

Parents: Extremely sensitive to their approval.
Hates their role as dispensers. "If I killed them I could use all the money in the purse."

Siblings: Fond of them and proud of them.
Jealous of their efficiency, and rewards.

CASE 49.

School: Likes his teachers, and his lessons.

Hates it as a "Special" school where he is to lose his temporary superiority over Frank. (Does not realise that as Frank continues to develop, he will set a pace he cannot match.)

Schoolboys: Likes their "news", and the things they have to give away.

Hates their games and rules he cannot keep. Jealous that they attend better than he can..

Anxiety: Afraid to confess his guilt ideas, because really uncertain as to the penalties he may merit.

Anxious to have the condition relieved as the ~~p~~ain and distress alarm him.

Misdeeds: Enjoyment of mischief and of revenge, and of whatever he pilfers.

Concern lest he be d~~i~~scovered and punishment follow. Shrinks from physical pain.

Bewilderment: "My arm feels like it threw the stone."

Testimony against the throwing.

The total reaction was a genuine attempt of a feeble-minded boy to kill himself, by making himself bleed. The unsuitability of the mode chosen on this occasion parallels that on previous occasions.

SECTION II.---B.--i

Attitude towards Death.

THE ATTITUDE TOWARDS DEATH.

Enough has been said elsewhere as to the meaning attached to the word ,death, by our cases. It is sufficient to remind ourselves here that death is "a way out", a means of modifying an otherwise unmanageable situation, and not personal extinction to the great majority of those attempting suicide. Even those professing to believe that there is nothing after death show unmistakeably that this^{is} a mere rationalisation, and not a conviction of dynamic potency. Such reasoning may operate negatively in minimising the force of certain deterrents in the cases who premeditate the act. The weight of testimony is against the weighing of the 'cons' and all in favour of pre-occupation with the 'pros'. "I couldn't think of that". "Nothing of all that came to mind." "I could only think that it had to stop, and there must be a way."

We are now concerned with the attitude towards death on recovery from the self-injury inflicted.

Not a single case reported horror of death, nor terror at its supposed approach. This is perhaps the only sweeping characterisation which can be made about this otherwise heterogeneous group.

A considerable number of those who took household poisons report impatience for something to happen, and a growing conviction that "it wasn't working" followed by adoption of another method of suicide. Case 1. told of his sense of frustration when the effect of drinking tincture of iodine was so little disturbing. He then bethought him of spirits of salts, rejected before as certain to cause him unnecessary pain. He swallowed a considerable quantity, remembers a few moments of extreme pain, before his collapse; but the extraordinary thing is that the onset of pain was in fact welcomed as a sign that this

MOTIVATION OF ATTEMPTED SUICIDE.

time he would accomplish his object. The realisation was only momentary. Soon attention was completely dominated by pain, and unconsciousness supervened.

Similarly, Case 80 reports weeping bitterly when the belladonna he had swallowed caused no acute discomfort. Attention was upon success or failure, upon getting his own way, not in the least directed to ideas of the hereafter or the nature of death. After several substances had proved ineffective, he attempted to accomplish his purpose by using gas. "I remember crying because I was so unlucky, that I had to do this. No, I didn't feel afraid about dying, I wanted to die."

Cases 20,,50,76, 10,11, 81 and 84 announced to the police and to the investigator their intention of "doing it again" as soon as opportunity offered. Many others had the same intention but were less outspoken. Each and every one when the direct question was put dismissed impatiently the idea that they wanted to stop living, but made it very plain that they would not endure a continuance of specified conditions.

These cases are above the intelligence of Cases 58 and 57 who babble of suicide as if it were no more worthy of consideration than a shrug of the shoulders.

Just as there is no fear of death as such so there is ^{no} sense of mystery, no special interest in disembodiment. All that is just taken for granted. The here and now and the interrelations suggested by remarks and queries as to what will happen when they leave hospital are in mind.

Yet the cases referred to above, especially 1,84,80 and 11 were among those very near to death. "Just five minutes more,

and I'd have been out of all this. Why did they need to come just then?" said 84, bitterly. This was the commoner attitude. A small number uttered pious platitudes, and a few were "just as glad it didn't come off".

Death is not experienced. It is not conceived prior to nor after the act.

Attempts at suicide are attempts to terminate situations, not life.

The activity is not unlearned but definitely acquired.

Each individual has to learn that there is a state in which one passes beyond the control of his fellows, in which their exactions cease, and in which their malice is impotent.

Each individual has to learn the methods of securing entrance to this state.

There is no innate disposition to stop living, nor any perception of death save as a convenience.

SECTION II.---B.--11

Manner of Attempt.

MOTIVATION OF ATTEMPTED SUICIDE.

It is not without interest to note whether the method employed was deliberately chosen, some time before the attempt was made, whether precautions were taken to secure effectiveness or to make the attempt resemble an accident, or whether the method chosen was suddenly hit upon, either because a gas oven, or razor, or bottle of poison caught the eye, or because other methods had previously proved ineffective and this suggested itself as likelier to succeed.

It does not always follow that the idea of suicide was sudden because the method was only in mind for a few moments before the patient began to employ it.

"I was casting about for a possible way for nearly a month." is not comparable to "I had my eye on that bottle for nearly a month." Like Cleopatra whose physician reported that "she had pursued conclusions infinite of easy ways to die" some of our cases relate how they had swerved from the idea of jumping from a height; because they might not be killed outright and there would be pain to endure; how they had dismissed the idea of corrosive poisons, again because of attendant pain; how the thought of drowning had short shrift since they could swim, and might find themselves doing so in spite of their intention to die; how gas was considered but dismissed because the smell might attract rescue, and so on.

One patient took considerable pains to make his attempt seem an accident in order to hide his desperate act from his relatives/

MOTIVATION OF ATTEMPTED SUICIDE.

relatives. He tampered with connections in order to make it seem very likely that there had been an escape of gas. Moreover he left the electric light burning and the street door unlocked to suggest that he had come back to do some work in the evening, and had not expected to stay long.

In his article, Studies on Suicide, in the Psychoanalytic Review, Vol XX, No.3, 1933, N.D.C. Lewis asserts that the various ways of committing suicide "can represent sexual wish fulfillments, e.g. to poison oneself is to become pregnant. "To drown is to bear a child. To jump from a height is to be delivered of a child. It can be a self punishment fulfillment and at the same time a wish fulfillment."

He does not limit his statement to suicidal acts of women, nor account for the age-range found. He does not comment upon cases of poisoning where women have been extremely careful to avoid child-bearing (e.g. case 23, case 29, case 7, case 36, case 64 and case 65.) Nor does he favour us with any account of the evidence which has convinced him of the truth of his assertions.

Given a state of mind dominated by strong effect, there tends to be a narrow range of attention. Should attention be directed towards terminating at all costs the present predicament, or forestalling decisively an impending crisis, there will be special readiness to recognise any weapon. In 50 of the 87 cases/

MOTIVATION OF ATTEMPTED SUICIDE.

cases studied, the method adopted was one that leapt to the eye when the individual concerned was impelled by fear, spite, or rebellion. "I caught sight of the lysol bottle, and said to myself: This will fix it." And this 15-year old girl seized the bottle, uncorked it and drank from it without more ado. So, a married woman of 48, impatient of the reminder of the morning's quarrel, noticed the lysol bottle on the shelf, snatched it up, exclaimed, "I'll end it all!" and drank most of its contents before the family could get to her. So, too, a man of 45, unwilling to face an interview in which reprimand is certain and dismissal likely, harassed, too, by the knowledge that his family cannot long remain in ignorance of his infidelity and gross neglect of his business duties, caught sight of his razor and suddenly perceived it as a means of escape. He went quickly back to his room, got back into bed and attempted to cut his throat. "I had not guessed I would be so hard to do in. I had to try half a dozen times before I got a deep cut, and then, to make sure, I slashed both wrists." The state of his neck confirmed his report. Another man of 29 years of age, dismayed at his sister's refusal to house him any longer, begins to put together his belongings. He is most reluctant to return to his mother's home, cannot bring himself to publish the fact that once more he is not wanted, deemed inconsiderate and selfish, and told to leave. Picking up his razor, he perceives it/

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it, for the first time in his life, as a weapon not a shaving-device. His situation is intolerable but not so urgent as the other. He would like to see that "the only decent one of the lot gets what money I've saved", and he might as well have a last spree. Both wishes are gratified, the razor in his pocket meanwhile. At closing time, he left the hotel and wandered a considerable distance before he acted upon his resolve. There had been no weighing in his mind the possibility of employing a different method.

In the cases where there had been previous attempts, some had considered a variety of methods, but had always employed one type. Thus Case 80 used poison on 4 occasions, and gas on the fifth. Others had employed a different means on each occasion. Case 39 had attempted to throw herself under a motor-car, had gassed herself, and finally tried to jump from a third storey window.

CLASSIFICATION OF CASES ACCORDING AS THE METHOD ADOPTED
WAS HASTILY CONCEIVED OR DELIBERATELY CHOSEN.

(Age, Sex, and Manner.)

	Gas.	Poison.	Cutting.	Drowning.	Jumping.	Hanging.
Males.	53 yrs.	56 yrs.	70 yrs.			18 Yrs
(Ages.)	59	53 ".67yrs.	53			
	44	51 21 "	44 p.			
(25 cases.)	41	46	42			
	33	46 p.	35 p.			
	30	45	28			
		34				
		29 p.				
		25				
		23				25
ately						
en	42 yrs.	42 yrs.	30 yrs.	29 yrs.	51 yrs. p.	
od.	28	29 p,		26		
Females.	45	24				
(Ages.)	3	19 p.				
(12 cases.)		16				12
Males.	72 yrs.	43 p.	69			
(Ages.)	60 p.	35 yrs.	72 yrs.		39yrs.	
(19 cases.)	59	33	70 p.			
	19 p.	33	48			
		31	15 p.			
		25 p.				
		21				
		20				
		16				19
ly						
en	38 yrs.	62 yrs.23	42 yrs.	62 yrs.	37 yrs. p.	
od.	30	62 21		30 p.	32 p.	
Females.		60 19			23	
(Ages.)	2	56 p. 19			21 p.	
(31 cases.)		52 p. 18 p.				
		52 15				
		48 47				
		43 p.				
		37 p.				
		37				
		34				
		31				
		29 p.				
		28				
		26 p.				

N.B. p. beside an
entry indicates that
other attempts had been
made previously.

SECTION II.----B.---iii

Religious Feeling.

neither God nor man... patient... my... as to work... but it is... of 62... But it's... think whether... certain... doesn't... So can't... is against...

However sincere their religious feeling may have been at earlier times, members of this suicidal group do not report any depth of conviction in the period just prior to the attempt at self-murder. Twenty percent describe themselves as regular church-goers; others say prayers and believe in a Supreme Being, and a future life. But none of these recalled any scruples about the act tending to deter them because of their faith, unless the expression, "May God have mercy on us." in a farewell letter may be so read.

On an occasion when suicide was thought of, and discussed, one patient refrained because, "If I did, and wasn't mad, I would be shut out of heaven."

A large number are not church-goers nowadays, though at one time they attended. Some dismiss the query impatiently:-

"I'm not interested in religion at all. Supposed to be a Protestant." Girl, 18 years.

"I'm a bad Catholic. Haven't been to confession for many years." Man, 70 years.

"No, I haven't been to the priest this long time. Religion wouldn't stand in my way." Girl, 19 years.

Others have thought about religion and have decided that neither God nor Christ interferes with the course we take. Thus patient 22, a man of 35, remarked: "I don't believe Christ takes any account of what goes on. It is pretty certain that he leaves us to work out our own troubles. He may know what is going on; but it is very rarely that he interferes." Patient 23, a woman of 62, said: "Like other people, I've always been afraid to die. But it's dreadful to be tired of life. I didn't take time to think whether it was wicked.... There's the life to come. That's certain enough.... I've prayed and prayed till I realise God doesn't mean to answer that prayer. God has forgotten me, surely. He can't mean to help me. It is wicked to go on praying for what is against His will."

A somewhat different point of view was expressed by a young man of 25 : "I used to be an International Bible Student, but have lost all interest in that. I know there is a God, and believe in resurrection but not as the Churches do. I think it is the end of you for the time being when you die. Nothing will happen to you because you take your own life."

An older man (45 years of age) is unemployed and is finding difficulty in accepting what he does not earn: "What does living matter when decent men are wasted like that? (He had just described an incident in the War when three of his comrades and an officer he respected had been killed by a shell). I just thought it the decent thing to go out, if I couldn't carry my hod. All achievement is useless. Dependence is unfair."

A woman of 58, depressed and self-reproachful, had been drinking rather heavily. She was seriously ill with phthisis. "I don't believe there is a God. He wouldn't let anyone get into this state. I'm not afraid of dying even if there is. I'd rather burn in hell than have this blackness and emptiness for everlasting."

Similarly, a disappointed woman in the early fifties debilitated by a series of illnesses, and rebellious at her lot, observed: "I haven't any faith or affection. I'd let the hereafter take its chance. I can't pray. I'd like to kill myself or somebody else. .. If I did let myself get well, what use would it be? I hate them all! "

Another exhausted patient, a man of 46, declared: "I don't think about religion: it is just so many words; means nothing to me now. I've nothing to look forward to."

A discontented woman of 29 stated: "I've had evil thoughts in my head this long time, that God had muddled things a bit too much. Anyhow, there's no future life. I'm sure of that."

A lad of 23, described by his sister as a good Christian boy, perhaps because he attends Church regularly and goes to prayer-meetings, was in a poor state of health; and his employer, not realising this, had given him additional responsibility. He felt quite inadequate to the new work but could not bring himself to make this plain. "I could not think of anything else to do", he said; and this account of contracted field of awareness characterised the remarks of numerous patients. Patient 68, a woman of 48 with a large family, added: "I cannot feel at all responsible for what I did. It was done so impulsively." Asked whether she was glad the attempt had failed, she agreed: "God in his mercy spared my life."

A man of 53, seclusive and hallucinated, explained that he used to be a Church-goer, but had rather neglected it lately: "I may pray about the 'voices'. I went to the Oxford Group; but they upset me."

An epileptic girl of 23 declares that her character has changed since the "turns" began four years ago. "Why, anyone would think it would kill you to jump out of a two-storey window. I was terribly angry. It's badness. I say the worst things and am sorry after. I told the priest, there was a devil in me at times."

There was a more orthodox expression of faith in the farewell letters written by a married couple, who decided to end their lives together and to "take the child" with them. The letters explain themselves.

The husband was in steady employment, but was not particularly strong. He had had pleurisy twice since his marriage. The wife, 28 years old, was two years younger than her husband. Since her marriage, 6 years ago, she has had a mastoid operation and several minor operations. "Very respectable people."

LETTER written to patient's father, prior to attempt.

Thursday, Mar. 16th., 1933

Dear Father and Sisters,

It pains me very much to have to write this knowing what we are about to do I ask for your forgiveness. I have had quite a decent married life and also a good dear wife up till about six weeks ago when she started going out with a married man who stays across the road. I had my suspicions slightly but I found out really on Tuesday night when I was left in in the usual way to watch our baby May after she had left I dressed the kid and went in search of my wife she was along under the Dean Bridge with this man Mr. McNab where she had been on previous occasions on her own admission and also his as I sent for him the next day to his work which is just outside our window. They both admitted the facts and I simply told him he had wrecked a good home there are no other witnesses of the affair bar ourselves as most of the meetings were after the pictures after 10 o'clock as this man did not leave work till then also Sunday nights etc..

Well Father I forgave Nellie as I cared for her so much but I was very much tortured We decided to end matters this way as it would be a great torture to both of us as the cause of the trouble is never out of our sight being just outside our window the whole day long. May he be forgiven for his sins as we hope by the Grace of God to be forgiven for ours. I have not been at work since I found out I just couldn't. We have taken our May with us as we could see no other way. May God have mercy on us.

Goodbye to all
Jimmie.

LETTER written to second patient's father. Same date and time.

Dear Father and Brothers and Sisters

I want you to forgive me for what I am about to do, but this is the only way out for all of us. I have done Jimmie a great wrong. Until six weeks ago I have been a good and faithful wife but someone came between us and wrecked both our lives. Jimmie did not want to live after I told him everything. He said he could not face life again, he wanted to go alone on the long journey but I could not let him do that because he'd be lonely without me and then I could not face things knowing how and why he had died. So we decided to go out together and we are taking May with us as there is no other way. May God have mercy on us. The man was John McNab who worked at the Mill outside our window.

MOTIVATION OF UNSUCCESSFUL ATTEMPTS AT SUICIDE.

Although I've been out with him a few times I want you to understand that I've never been really bad. I've kept myself clean. I was just a fool who threw away a good man and a good life but Jimmie has forgiven me and instead of despising me he still loves me.

So goodbye my dear ones. Think kindly of me and Jimmie as it is the only way out of this misery. Love.

Nellie.xxxxxxx

Sentence was deferred for six months on the understanding that the couple were to leave Scotland and make a new start in England.

Account given to the police by the man referred in the letters.

I am a stonedresser, and about six months ago I began to work just opposite their window. I used to wave and nod pleasantly to Mrs. M. and several I spoke to her in the street as I was passing. Then, about six weeks ago we went for a walk together. Six times since then we have gone to the pictures in the evenings.

The little girl came on Wednesday forenoon, the 15th., and said her mother wanted me to come over. I came over and found them both there. Mrs. M. said everything had been found out and I was not to see her again. Mr. M. did not speak at all. I agreed and went away. That night I posted £2 to Mr. M. and a note to say that he had lost work and I hoped the money would help.

The letter with £2 was found by the police on the floor of the lobby when the couple were removed to the Infirmary for treatment.

CASE 43 f., discussing the failure of a well-laid plan, said of the caller - whose arrival could not have been foreseen, as for six years he had called for the weekly instalment on another weekday.- "It seems odd he should have come; as if it was intended. Father was strong on the Unseen Power, and used to tell me to bring up the children in the Faith. They both go to Sunday school, but neither I nor my husband go to church. We say our prayers, though. It hasn't meant much to me for a long time, though; as if it was useless."

This case, during the war, had formed a liaison with a well-to-do man. There was a child which lived to be $4\frac{1}{2}$ years old. Its death affected the patient as "a punishment for living like that". She left the man, and took a country post. Here she married her present husband, and two children were born. When circumstances made it necessary for them to make a home in Edinburgh, she was deeply stirred. From that time on, nine years ago, there have been no children, she has lived an excessively retired life, and her health has suffered severely.

THE ATTEMPT.

FACTS OF PERSONAL HISTORY.

Misstatement discovered in this connection.		Concealment of inconvenient or discreditable facts.		Invention of protective untruths.	
Males.	Females.	Males.	Females.	Males.	Females.
1	8	3	45	2	47
13	34	9	46	4	49
25	38	11	47	14	52
40	57	18	49	19	60
41	58	22	52	21	62
84		26	53	24	69
		21	55	26	70
		27	61	28	73
		33	62	33	74
		63	69	82	80
		67	71	86	77
		72	74	78	79
		79	86		

A number of individuals professed complete amnesia for the attempt; many others declared it had been an accident and not a suicidal attempt. Many of these avowals were abandoned when they became convinced that their confidences were not to be communicated to the police. The detective's visit startled a number of patients to the realisation that on recovery they must attend at the police court and answer a charge. The idea that imprisonment might follow, the distaste for publicity of such unpleasant character, the wish to save relatives from reflected disgrace all influenced the attempts to deny suicidal intention. Some of these considerations arose spontaneously; some were dictated by neighbours or friends.

There were additional cases who denied their attempts apparently to guard against disapproval from the listener.

In no case was the denial maintained for very long. What was rather surprising was the nonchalance with which falsehood was admitted when convenient. The group as a whole is characterised by a tendency to cheap lying. Continual confirmation of matters-of-fact was very advisable and indeed useful in that when a material fact had been checked, the patient proceeded to discard embroidery not yet suspect. Occasionally, the disavowal followed recognition of inconsistencies in the tale told. Frequently the actual facts were imparted in a burst of confidence, as if it were a relief to unburden his mind. There were 10 of the 87 cases who did not mask or evade, as far as could be ascertained. Of these, four were ~~men~~ women.

Evasions and denials were by no means confined to the nature of the act under investigation. "I am glad I had the courage to come out again", observed a young lady of 29 in reference to her attempt to drown herself in the open sea. The occurrence took place at night in January, and my innocent query as to whether it wouldn't have taken more courage to stay in was met with with pout and a quick movement of the head. But she presently volunteered the statement that it had been frightfully cold, and gave a reluctant smile. Lest I should suppose erroneously that the attempt was half-hearted she told how for four days, from the time her employer explained that her temporary post would end on the Saturday, she was bent on suicide. As she described her sister's straitened circumstances, unmethodical ways, untidy home, her own craving for finery, the "best seats", and little luxuries, her utter dependence upon her sister when out of work, a new aspect of the total situation came into view.

Others told of genuine difficulties, but withheld those facts which showed them petty, base, or culpable. Not all types of shortcoming were concealed, with equal care. Where one admitted airily what he himself characterised as "dirty tricks" to employer and to associates, another spoke readily of "affairs" which had humiliated his wife and robbed homelife of all glamour; a third confided in almost boastful manner about the sharp practice by which he had increased his takings; a fourth detailed his method of providing for his own pleasure at the expense of his parents and fiancée; a fifth admitted the shifts he had been reduced to to secure whisky he could not afford to pay for; a sixth told of her fear of insanity with the behaviour and experience which prompted the fear; a seventh told of the miscarriage which had been induced six months earlier and of her present plight; and so the

sorry tale runs on. But each of them held back information equally genuine, sometimes more definite in its bearing upon the suicidal act than the material supplied, sometimes not. The man, insensitive to breach of contract would not admit the stinting necessary in his home as a result of his dissipation. His son furnished that side of the picture. The man confessing gross abuse of trust, which had been discovered, concealed completely his worry about a vulgar intrigue. His wife made us aware of that factor when she explained why she was seeking legal separation.

Some deny theft, some meanness, some extravagance, some infidelity; others admit what these deny, but conceal other forms of weakness or inadequacy.

It is not that these matters do not occur to them that they are omitted. Each individual edits his report as he frames it. Some are more competent at the process, others less adept. It seems to depend on the ramifications of the concealed interest whether or not the editing proves to be too complex to manage.

Where the suppressed material touches them very nearly, slips are bound to provide the investigator with a clue for further enquiry or a hint to vary his approach.

Where it is a matter he does not suppose would sound well but which does not stir any scruples, wound his self-esteem, or embarrass him, he edits his narrative successfully. It is from visits to the home, the school, the police, that significant data of this kind are gained.

With many patients we find a curious aspect of the problem in that the act seems contrary to the interests recognised by the patient and striven for. Thus, Case 5 f., economical, and scheming to secure that the house shall be hers - paying taxes, renewing wornout articles - suddenly finds that her younger brother is counting on bringing his wife home when he marries. The mother, who knows how much the patient has done to provide comforts for them all will not pronounce in her favour and so prevent the brother's marriage, or, at least, prevent his taking up more room in the home.

"There is no accommodation for a wife", says the patient bitterly. Yet she attempts suicide which would leave the house completely at their disposal.

"He shan't have her", says patient 50 f., in reference to a man of 28 who is pursuing her 15-year old daughter. Her vehemence is attributable to her own fondness for the man, a fondness which is unwelcome; and to the fact that her daughter would no longer contribute her small earnings to the small budget. Suicide leaves the daughter free to follow her own sweet will.

Case 43 f. (Phthisis): "The children don't heed me. I ought to be about and make them behave. The home ought to be comfortable when my husband comes in: he works hard enough." Her death would leave the children to still greater freedom and the home would have to run itself."

Such instances indicate the complexity of motivation.

Case 5 f. is 42 years of age. Her one lover forsook her, and married another, long ago. If her brother marries, she will be the

only one in the family still single.

Her brother told of another aspect of the situation. A friend of his, quite 8 years younger than the patient, visited at the house, to talk about old times when they were at sea together. He was not attracted to the sister in the slightest. Yet she was taking his visits as personal attentions. It vexed her when he tried to disillusion her. This young man's mother had happened to call when patient was seriously depressed, and she became worse, thinking that the mother would now influence her son against becoming engaged. The old lady had not been out of the house ten minutes when the suicidal attempt occurred.

However, the brother's fiancée had been spending the afternoon with them, and she seemed very much at home, clearing away the tea things, when the patient suddenly felt that she must end an unbearable situation.

Antagonism to her mother went deeper than the disagreement about her brother's marriage. The patient, always excessively curious, had probed the mother's statements during her early breakdown, twenty-five years before, very thoroughly. She discovered that there had been excessive alcoholism following bereavement and there had been a period of hospitalisation. While insane, her mother had accused herself of immorality. (Falsely.) Now that her leg was ulcerated, patient jumped to the conclusion that this was the result of the bad life she had led, and the malady was probably catching. She could not bring herself to assist in tending the limb, and the task devolved upon the brother. But she did not like people to know of this.

From early youth she has been excessively accurate, punctual, and neat.; but always with an eye to notice. She becomes quite put out if her doings fail to extort the compliment she craves. She has prided herself upon being indispensable to the Firm

she is employed by. She has had generous recognition of her services. To return to her post would mean taking back wages to a home which is no longer hers. "For both of us, when mother dies ! Whose money has kept it going all these years?"

She says she meets no men who could think of marriage and has given up the idea. Then she asks whether women of her age even have children on marrying, draws attention to full development, and wonders whether the suicidal attempt will hasten the menopause.

A previous breakdown occurred early in her sister's married life. ^{Patient} She then expressed the delusion that someone wanted to steal the baby. It so happens that the sister is now pregnant for the second time. Patient speaks disparagingly of the brother-in-law; calls him a Jew though he does not go to any church; pities her sister, and so forth.

Why should her less efficient brother and sister have marriage partners and not she?

She openly opposes the brother's marriage, stressing the fact of the difference in religion, her brother's small wage, and even raking up her mother's illness; "Would a nice girl want to marry into a family where there is mental illness?" Yet this argument tells as much against her own inclination as against his.

One of her present delusions is that her brother is wanted by the police. Should he be arrested, that would prevent the marriage, and she could look forward securely to a permanent home. So she questions him narrowly about his doings abroad, long ago. Soon she brushes aside his statements feeling confident that he perpetrated a hideous crime, perhaps murder, and concealed the fact. "Would the girl marry a murderer?"

She, too, is in danger of arrest. She asserts that she is being hunted, trapped, spied upon, suspected of defalcations,

and of having assisted her Firm to make false returns to the Income-Tax assessors. She occupies herself with burning and tearing up scraps of paper which may be misinterpreted. The suspense of waiting for the blow to fall is almost unendurable.

Thus her brother is a guilty individual; she herself a defamed one.

She entered her brother's room at night "for the first time in my life" when a friend of his was sharing it. She felt impelled to see if he were safe, were really there. Then came the idea that she had compromised herself. That friend would spread abroad the report that she came to her brother's room. Probably the fiancée would hear of it and construe it in atrocious fashion! Surely she would not marry a man who was suspected of intimacy with his sister.

But her mother, the mother whose mental instability was probably the cause of her own nervous breakdown, "I get it from mother", was abetting the engaged pair. If the marriage did occur while mother lived, there would be no more dominance for the patient, no more deference, no more gratitude, not even security. "It would be better for mother to enter the Eventide Homes. But what ^{would} our Minister say, if I arranged that?"

The picture throughout is that of a restless, vain spirit which would not spare any effort to win praise and compliment. In test-performances, there was snatching of advantage, actual cheating, quick masking of a lapse, denial, suspicion, and repeated enquiry as to whether she were distinguishing herself. She must seem to surpass others.

Dreads connented with past family scandals, fears for

MOTIVATION OF ATTEMPTED SUICIDE.

the future, manifold ~~ing~~ conflicting urges in the present, the onset of the menopause, which of all these could be selected as the cause of the suicidal attempt?

Long hours of work, fear because of an ominous lack of power to concentrate, (Might it not portend a need to leave her well-paid post, now being held for her? If so, what of the difficulty of securing well-paid posts after forty?) lack of a confidante, (Her especial friend had died a year before, a friend who admired and appreciated her.) the habit of lying even to herself so that her perfection ~~ed~~ should not be questioned; the realisation that her ungraciousness to the fiancée has marred her brother's love affair; the fact that her mother resolutely refuses to praise her; the uneasiness lest her complaisance regarding the Firm's representations constituted an offence; anger that she should have accepted 'presents' which would prevent her from disavowing the false returns; general insecurity, the home, the office, her health both bodily and mental; is any one of these negligible when the suicidal impulse is under consideration?

The total situation constitutes the motive; but the total situation includes the future as well as the present and the past; includes the milieu and the patient as part of it.

MOTIVATION OF ATTEMPTED SUICIDE.

Patient 50 seems equally illogical in her attempt at suicide. Unlike patient 5, she has never been intellectually gifted. Unlike her, too, she has been merry, unconventional, easily pleased, easily angered, unsuspicious, wilful. She shares her love of compliment but does not seek to merit it. Was she not born beautiful? "Anyone with eyes in their head can see for themselves!" Nevertheless, tribute is exacted.

Far from desiring to dominate, she is satisfied if eyes turn her way and her sallies are greeted with laughter. Her idea of payment for any services she renders varies with the amount of money she needs to expend at the moment. She has thrown up posts in indignation because there was unwillingness to pay her for half a day what most women regarded as two days' pay. She has "gone hungry for the kid" and has felt indignant when her husband ate up the egg she had set aside for the child's dinner. But only one of her 9 children has survived her erratic mothering. She has resented her husband's failure to edit this conversation in the presence of the child; but she has permitted herself, when half-intoxicated to become maudlin about a man 10 years younger than herself, fondling him in front of her young daughter.

They have only 14/- a week, and are in debt for food and coals and rent, yet she asserts "I only buy whisky on Saturday nights, when I can afford it. I'm not one of your cadgers."

Her daughter dislikes the rubber works, says she feels too tired and wants to leave. In dread lest they lose the few certain shillings, the mother abuses her, calls her bone-lazy, asks her to help, to run messages, and so on, directly the work-day is over. She wishes to deny and to make the girl accept her denial of the physical fatigue; and she proceeds to increase that fatigue.

CLASSIFICATION OF MOTIVES.

Examples of Cases Illustrating each Type.

Goals

Coercion 12, 20, 45.
Unfairness 25, 84, 35
Pain 63, 34, 53, 11, 49

DEFINITE LIMIT OF ENDURANCE

FEAR Discovery 14, 39, 17, 62, 74.
Loss 10, 12, 66, 79, 85, 44
Lingering death 22, 11, 6, 43, 72, 15.

DIRECT REPORT.

CASUAL Derogatory remarks. 3, 5, 35, 78.
Uneasiness, spite, jealousy. 70, 77, 86

INCONSISTENT Avoidance phenomena. 43, 69, 79, 64

Aggressive behaviour. 3, 4, 19, 20, 50

IRRELEVANCIES Boasting 2, 6, 27, 16, 19

Complaints, requests. 51, 48, 13, 83

INDIRECT REPORT.

ERRORS Projection 5, 15, 22, 66, 43, 70, 80

Identification. 6, 7, 16, 53, 57, 60, 27

LIES Protective. 10, 80, 82, 83, 86, 77, 68, 4, 14, 19

Malicious. 81, 86, 49, 10, 14, 19, 28, 29, 36

LETTERS Business. 41, 3.

Personal. 3, 29, 41, 42

WRITTEN DIARIES 80

Posing. 2, 6, 10, 42, 66, 80

ACTS Hoarding, lavishing. 2, 3, 18, 45, 51

Cleanliness, neglect. 6, 7, 8, 30, 20

ATTITUDES Infantile Urgent. 8, 10, 80, 68

Demanding Compliment 4, 81

Petting 6, 36, 38

Indulgence 49, 39

Shrinking Self-accusatory. 11, 20, 37

Self-deprecatory. 52, 57, 62

Timid. 79, 81, 85, 65, 34

Suspicious "Signs" 5, 63, 84, 80=

Challenging 5, 19, 71, 28

Hostile 19, 5, 51, 53, 15

SYMPTOMS Nausea, palpitation, etc. 81, 66, 27, 48

Undue fatigue, agitation. 16, 34, 85

ENDOGENOUS.

ENDOWMENT Physique Deviating from average 28, 49, 10

Intellect Below average for associates 85, 52

Poise Inadequate for demands. 27, 25, 8, 13, 18

DEVELOPMENT. Health, training, etc. 49, 81, 37, 83, 33

PLACE Height, seclusion, etc. 46, 39, 50

SUGGESTION CONVERSATION OF NEWSPAPER 54, 4, 43

EXOGENOUS.

EVENTS Recent or remote. 61, 80, 70, 72

PRESSURE

SOCIAL COERCION 1, 6, 17, 42, 50, 54, 60, 83, 84

OSTRACISM 22, 78, 87, 54, 3

LOST STATUS 1, 2, 3, 4, 5, 6, 7, 9, 12, 14, 16

ISOLATED. 43, 26, 4, 32, 65, 70

ENVIRONMENTAL

IRREMEDIABLE DISASTERS 73, 79, 70

Motives for the purpose of this classification are factors influencing the suicidal attempt, experiential factors such as purpose, intention, wish, or dreads, aversion, unreadiness; factors such as misunderstanding, impatience, and fatigue; and others like depression, intolerance, resentment and suspicion. But if the patient had different physique, saner outlook, sounder intellect better self-control the attempt might never have occurred. Had he missed a given conversation, held a different opening, lived among a congenial group, the danger would have been remote. Endowment and environment determine the nature of our adjustments and must be accounted motives for a special act in the sense that they influence it.

In analysing the material bearing upon the meaning of the suicidal attempt --to the individual with his given personality, abilities and handicaps, his social setting and opportunities-- it became possible to classify it to some extent according as the various factors were realised and subject to recall, or not.

All factors which could be recalled or at least recognised by the patient were not obtained from his report, though many were. Visits to his neighbourhood, his home, and to parents and friends supplied many clues which could be followed up in subsequent interviews. The more convinced he was of our real interest in him and in his welfare, the more satisfactorily he cooperated.

Various performances with standard tests proved to be another prolific source of clues. The likes and fears recorded, the responses to given stimulus-words, errors made, the point of view in regard to punishment (Kohs Moral Standards' Tests), defective planning when attempting the Mazes, hasty reaction to the written instructions test, and inability to go slowly;

all these and more gave rise to enquiry as to the permanent or temporary character of the symptom, its presence in schooldays, in the office or shop, or in the home; how it was viewed by the patient, and how he accounted for it. From such enquiry, unsuspected factors which had influenced the suicidal attempt, frequently emerged.

All were not voiced; but of those that were, there were many mentioned in quite casual fashion, and others that were discovered because of sudden evasiveness, irritability or inconsistency. These factors seemed not less potent than those the patient referred to unhesitatingly.

It is possible to underestimate the importance of conscious factors.

Where suicide is premeditated, where an opportunity is watched for for many weeks, where various methods are carefully thought over, the conscious motives are very powerful. The insistent quality of certain feelings or ideas becomes harassing and tormenting.

Most people can remember irritation because a tune would intrude itself until it became tiresome. "It's haunting me" gives place to "It's getting on my nerves" or some other phrase expressive of exasperation. Individuals ^{who} do not "carry" tunes recall occasions when an unanswered appeal or reproach has manifested similar insistence. The comparison is a mild one.

Why the tune is so compelling, and why the conscious motive succeeds in dominating consciousness is another matter. The enquiry needs to be pushed further back.

Why lysol was perceived as a means, and ~~not~~ a dinner-knife was not so perceived is not to be dismissed lightly. The fact of experience, "Lysol- that will fix things!" is not less impor-

tant because it is conscious nor because it has precursors. There are contemporary schools of psychology whose teaching would almost seem to deny dynamic value to a realised motive. Possibly the need to stress the dynamic value of unrealised factors has led to this absurdity.

Why an adolescent youth should prefer to be handsome rather than clever or rich or beloved (Case 80) may be worth investigating. It underlies the despondency which settled on him when the gibes of his companion at the shop and the teasing of his sister and her friends at home led him to believe that his head looked abnormal. A chance resemblance to an actor who plays sinister roles troubled him so much that he felt sure no girl would go out with him, unless he so arranged his hair that the shape of his head was concealed. Wounded self-esteem interfered with his enjoyment at dances and sport, and undermined his power to study efficiently. He began to make a poor showing at examinations. This in turn suggested to him that just as his head looked queerer than it used to so his power to learn was altering for the worse. To dispel the alarm aroused by this idea he bought books designed to teach various subjects to students lacking a coach. Sport and other forms of recreation were cut down to a minimum or omitted altogether so that he might sit alone and attempt to master a variety of languages. But he did not rid his mind of the belief that he looked abnormal, nor of the grief that he should be so unlucky. "If only...." tormented him as it tormented Case 15. Physiological discomfort due in great part to the lack of exercise and mental relaxation tended to be misinterpreted. Every casual glance at the hatless boy from passers-by added fresh fuel to the fire until he longed to

end the torment at whatever cost. The search for poison was motivated by a factor which was conscious.

However we cannot overlook the fact that the boy was outgrowing his strength at the very time he needed to satisfy an employer and to prepare for professional examinations. He was associating with lads several years his senior who made no secret of the importance they attached to the readiness of girls to accompany them or to partner them. Just at this time there was a series of accidents. Two he did not report at home lest he be deprived of his motor-cycle, carrying on as usual when a day or two in bed might have been advisable. The third frightened him severely, especially as he was burned about the face and was convinced that he would be marked for life and be more conspicuous than ever. Some 10 days in hospital put matters right and he formed a boyish attachment to his nurse. She accompanied him to the pictures quite regularly, until he learned that she went just as willingly with other lads. Then he dropped her completely. Her companionship was no longer a restorative to his conceit of himself. A month later, he failed to pass a paper in one of his best subjects.

The factors here are not realised by the boy. He knows he is growing taller, but not that he is needing more rest than usual. He knows that his friends are older, but not that it is an effort he cannot afford to go the pace with them. He knows he was knocked unconscious twice and was severely shocked on another occasion, but not that it was unwise for him to enter for a gold medal competition commencing while he was still in hospital. His mother could

not persuade him to take a reasonable time over his meals, nor to get to his bed before midnight. She could not know that whenever he went out with his friends he was utterly miserable, or that when he shut himself in his room to study new subjects he was frequently in tears. The boy did not realise the effect of the costly drain upon his nervous energy by which he concealed from everyone the depth of his misery and the desperate steps he was prepared to take to end it.

That this depletion of energy was a factor influencing his attempts cannot be doubted, but it did not enter awareness.

Four girls had been born before the much desired son appeared. He was an attractive baby, and thoroughly enjoyed the attention he got. "There was never any occasion to punish him; we liked to give him anything he wanted. Every body admired him." Though another girl was born two years later, no other son arrived to share the honours, and the mother built her hopes upon him. "He would not think of marrying until he had repaid us for all we have done. Besides he is so open that I should know at once if he had a fancy for a girl. He can't keep himself yet, much less a girl." Mother and sisters have waited on him hand and foot, and have provided an enthusiastic audience for any of his schoolboy exploits. His father has shown him off and gone to considerable expense on his behalf.

The first hint of possible discontent came when his mother told him to hold himself straighter, and hoped he wasn't going to be 'wee'. He considered that he forestalled this dismaying prospect by "stretching his legs on a cycle". He certainly went about the business of "stretching" with amazing thoroughness. The bliss of undiluted admiration was too precious to be

lost. His 'girl' and two chums of long standing were put aside, and cycling became the order of the day. The delayed spurt of growth began at 17, and his urgency diminished, until when his height was five feet 10 inches, he cheerfully sold his cycle. Now, a danger to undisturbed bliss was encountered in the criticism of the shape of his head. No cycle equivalent obtained. The barber was an enemy who blazoned forth his infirmity. Hats flattened down the carefully untidy hair, and were discarded, but "It isn't fair to deceive Jean. She wouldn't go with me if I let her see my head properly with my hair flat."

To satisfy his mother's practical hopes he must mix with people who find fault with his looks (So he is convinced.). This is too hard. Within the home only one sister thinks his head queer. In his own room, he will be free even from her gaze. Only sick people can remain inside, indefinitely. How to make himself sick? He drank $2\frac{1}{2}$ ounces of danderine, a hairmixture not intended as a beverage. Then he tried brilliantine. Thereupon he took to his bed. But he ^{did} not look ill and the family wanted his escort to the pictures. Even the doctor did not suggest invalidism.

An infant has only to look attractive to secure its heart's desire, as far as those around can provide it for him. His bed is the nearest approach to the baby's cot. In his bed waited on only by those who have no fault to find with him, his misery will end.

But part of the family feeling rested upon his potential earning capacity. Bed solves one problem but presents another. He begins to hate his lot. His infantile attitude persists and will not be superseded by a humorous acceptance of imperfections which are beyond remedy. But he is not aware of stunted emotional development. It is an unrealised factor.

Similarly, he does not know nor has he any way of finding out that his intellectual endowment is average and a little lopsided. The appreciation of his good records at school has been sweet to him. If his own efforts will procure a continuance of the good reports, he makes the effort. His employer praises his careful dispensing. But he does not secure gold medals. In the notes upon his case, an unedited composition from his pen is given, which makes it very clear that he has not grasped the fact that an apostrophe stands for an omitted letter, in such contractions as shouldn't. He always writes should'nt. He has no rule by which to check his use of capitals, though he knows better than to write his sister's name with a small letter. That is a significant slip, since it occurs in the case of the only critical sister. Deceive is spelled decieve, a common enough error where the rule has been badly impressed. Such points as these are mentioned merely to confirm the statement that he is not of the stuff that gold medallists are made of.

He has no basis for comparison of the home training he received with that which is the lot of other boys. He was obviously considering for the first time, in hospital, that he had been rather babied all his life. What mother could not do, a sister, 12 years older than he, would try to arrange for him. If both were occupied otherwise, there were still three older sisters to be approached. No return attentions were expected from him. He did not even brush the girls' shoes for them. If they borrowed his story-books, he demanded their instant return unless he had finished with them. Most of the wrangling with the sisters centres upon his insistence upon the giving-up of a book when one of them is in the act of enjoying the story.

His interest in the gruesome, and the month-old happening

IN
in a neighbour's house (Insane woman ran away at night and drowned herself.) provided suggestion that he did not deliberately examine. It is very probable that such suggestion operated as an unrealised factor in his suicidal attempt.

In each case, we have found numerous factors. Some have been conscious and others unrealised. Some ^{of} those entering awareness have been put into words, both prior to the attempt and subsequently; sometimes definitely, sometimes tentatively or guardedly. Others have only revealed themselves by readiness to lie, to evade, or to mistake. Others again were made plain by entries in diaries or farewell letters. And there were still others not put into words but prompting certain acts, or attitudes, or giving rise to significant symptoms. The patient had no difficulty in recognising the connection between the symptoms or other behaviour of this type, and the factor influencing the attempt to end his life.

Those not entering awareness are facts of endowment and development, and the various incident stresses arising from the fact of his existence here and now.

RUNNING-AWAY AND DEFAULTING IN THE SUICIDAL GROUP.

In more than half the records, individuals describe themselves as defaulting in some way in regard to family, school or business obligations. The group who habitually default is not inconsiderable.

On the other hand, those who have faced up to the majority of life's demands fall down when there is loss of status, especially if this occurs through no deliberate act of theirs, but merely because of the very character of their customary reactions.

Where no effort has been spared to merit or at least to procure compliment and esteem, where there has been frantic bid for popularity, natures which sought responsibility, and volunteered for duties in excess of those which were demanded, ran from disparagement, and from the publicity attaching to faults they had hardly regarded as such, and had never expected to come to light.

The following Table demonstrates the frequency with which the various types of running away were recorded.

	MALES.	FEMALES.	TOTAL.
1. TRUANTING FROM SCHOOL.....	18	15	33
2. RAN AWAY FROM HOME..... (Parental or marital.)	13	19	32
3. USED ILLNESS TO EVADE SCHOOL OR OTHER TASKS....	22	26	48
4. EVADED PENALTIES.....	24	19	43
5. BROKE CONTRACTS.....	27	23	50
6. RAN AWAY FROM CRITICISM...	27	29	56 Cases.

RUNNING AWAY AND DEFAULTING IN THE SUICIDAL GROUP.

TO ILLUSTRATE CASES OF HABITUAL DEFAULT.

[illegible]

THE NON-DEFAULTERS.

About 42% of the women and about 25% of the men do not deserve to rank as defaulters. Their ranks include 9 of the eleven persons who were gravely ill at the time of the attempt, and ten others who were either incapacitated for work or extremely debilitated by illness. Moreover, this is the group consciously self-reproachful.

Perhaps it would be fair to characterise the non-defaulters as a group having numerous conscious griefs and perils. "Too many memories, I need to lose" said an overtaxed man of 53. All his life he had played the game generously, with no small self-sacrifice. When real illness came, it found him without means, and at the mercy of a slave-driver. As fatigue and pain increased, back came the horrors of the old bayonet-charges he had found so gruesome and revolting in the thirties. Thoughts he had put away from him this long time, unwilling to think through because of the sickening knowledge that he had done these things, no matter on whose warrant, made the nights horrible so that he was afraid to sleep.

Lamed, and now deprived of the use of his left arm and hand, by the inroads of disease; in constant pain and prevented from enjoying out of door recreation; reproaching himself with securing a post to which he was not entitled, since he had not been accepted for war service and this was meant for ex-service men; imagining ill-feeling on all sides in the office, and criticism from his fiancée, C. 22 abandons his post, breaks his engagement, since now he has no income, and no prospect of getting one, faces the bitter prospect of dependence on aging parents, and finds it too much. For 35 years, he had struggled to hold his own. Exhaustion in the literal sense precipitated the suicidal act.

SECTION II.---B.---viii

Cases Complaining of Unfairness or Persecution.

Practically every case reported the conviction that he was used, misunderstood, misrepresented, neglected or definitely persecuted. One group allocated blame for their illtreatment enemies or false friends; the other group bemoaned the hardness of the circumstances.

GROUP A.....Illuded or persecuted by other people. 39 cases.

Disparaged.	Suspected accused, etc.	Arrest imminent.	Thoughts rear or controlled.	Unjustly treated.	Swindled Deprived, et	Coerced.	Neglected.	Ridiculed	Imposed upon.	Avoided.	Note that <u>six</u> cases are in both Groups.		
											Sex.	Age.	Marital Condition
63			63			63		63		63	m.	34	Mar.
				41	41		41	41	41		m.	29	Mar.
22	22	22	22			22		22		22	m.	35	Sin.
53			53	53		53		53	53		m.	53	Sin.
31	31	31	31	31	31				31		f.	42	Sin.
66			66	66		66	66	66	66	66	f.	26	Sin.
65	65	65	65	65		65	65			65	f.	62	Mar.
43	43	43		43	43			43		43	f.	42	Mar.
14	14		14	14	14		14	14	14	14	m.	45	Mar.
36	36			36	36	36					f.	18	Mar.
3			3	3	3		3	3	3	3	m.	29	Sin.
15	15	15	15	15		15			15		f.	47	Sin.
7	7	7		7	7				7		f.	44	Mar.
60			60	60	60	60	60			60	m.	23	Sin.
32	32			32	32	32	32	32		32	f.	28	Mar.
	20			20	20	20		20	20		f.	52	Sin.
78	78		78	78	78		78	78		78	m.	25	Sin.
12	12			12	12	12	12		12		f.	50	Sin.
1			1			1		1		1	m.	45	Sin.
39	39			39	39	39	39	39			f.	21	Mar.
			<u>25</u>	25	25		25		25		m.	23	Sin.
45	45			45	45	45	45	45	45		m.	35	Sin.
47				47	47		47	47		47	m.	34	Mar. <u>sep.</u>
	42				42	42		42	42		f.	27	Mar.
70	70		70	70	70					70	m.	43	Sin.
29				29	29		29		29	29	f.	24	Sin.
80			80					80		80	m.	20	Sin.
54				54	54	54		54	54		f.	23	Mar. & <u>sep</u>
4	4			4	4	4	4			4	m.	53	Mar. & <u>sep</u>
16			16	16	16	16		16			f.	37	Sin.
19	19			19	19	19	19			19	m.	60	Mar.
	23		<u>23</u>	23	23	23	23				f.	62	Mar.
			<u>57</u>	57	57	57	57		57		f.	51	Mar.
62	62				62			62		62	m.	21	Sin.
49	49		49		49	49		49			m.	15	Sin.
48	48	48		48	48	48					f.	20	Sin.
27			<u>27</u>	27	27		27	27	27	27	m.	59	Sin.
74	74			74	74	74	74	74	74		m.	16	Sin.
76				76	76	76	76	76	76	76	f.	48	Sin.

B. Unfairly handicapped, overtaxed, or stunted. 46 cases. 153.

Cannot endure hardship any longer.	No pleasure No prospect of any	Disgraced Dishonoured.	Flouted Defied.	Rebellious because of bereavement.	Lonely and penniless.	A burden to others. Dependent.	No sympathy.	No one to lean on.	Savings dwindling.	Tainted stock	Note that <u>six</u> cases come in <u>both Groups</u> .	Mar. Sex. Age. Cond.
18									18	m41	41	M.
35	35		35							f.	30	M. & S.
11	11	11				11		11		m.	46	S.
37	37	37		37				37		f.	47	M.
34	34					34				f.	29	M.
13						13			13	m.	72	M.
24	24			24		24				m.	70	W.
82		82	82				82			m.	37	M.
79				79	79	79		79		m.	69	M.
68	68						68	68		f.	48	M.
31	31			31		31	31			f.	34	S.
33		33	33		33	33	33	33		m.	31	M&S.
	62	62		62		62		62		m.	21	S.
67	67					67				m.	78	W.
				2					2	m.	60	S.
43	43	43				43				f.	42	M.
	14	14	14		14		14			m.	45	M.
		46			46			46		f.	19	S.
		26	26	26	26		26	26		m.	46	W.
	28	28			28	28		28		m.	20	S.
40	40					40		40		m.	51	W.
71	71	71					71			m.	44	W.
72		72				72				m.	42	M.
	6					6	6	6	6	f.	32	S.
8		8				8	8			f.	15	S.
9	9	9			9	9				m.	29	S.
	10				10	10	10	10		f.	29	S.
		17								f.	19	S.
	21					21			21	m.	70	M.
25				25		25				m.	23	S.
22	22	22				22			22	m.	35	S.
	30	30				30				f.	16	S.
38			38				38	38		f.	19	S.
44					44	55	44	44	44	f.	26	S.
	50	50				50	50	50		f.	37	M&S.
51		54								f.	31	M&S.
		52		52	52	52	52		52	m.	21	S.
	55	55			55	55			55	m.	18	S.
56	56					56				f.	60	M.
					57		57			f.	51	M.
										f.	37	S.
59	59				59	59	59	59	59	f.	51	S.
	61	61				61	61		61	m.	56	M.
64						64				f.	62	M.
73				73	73	73			73	m.	67	W.
69	69	69				69	69			m.	38	S.

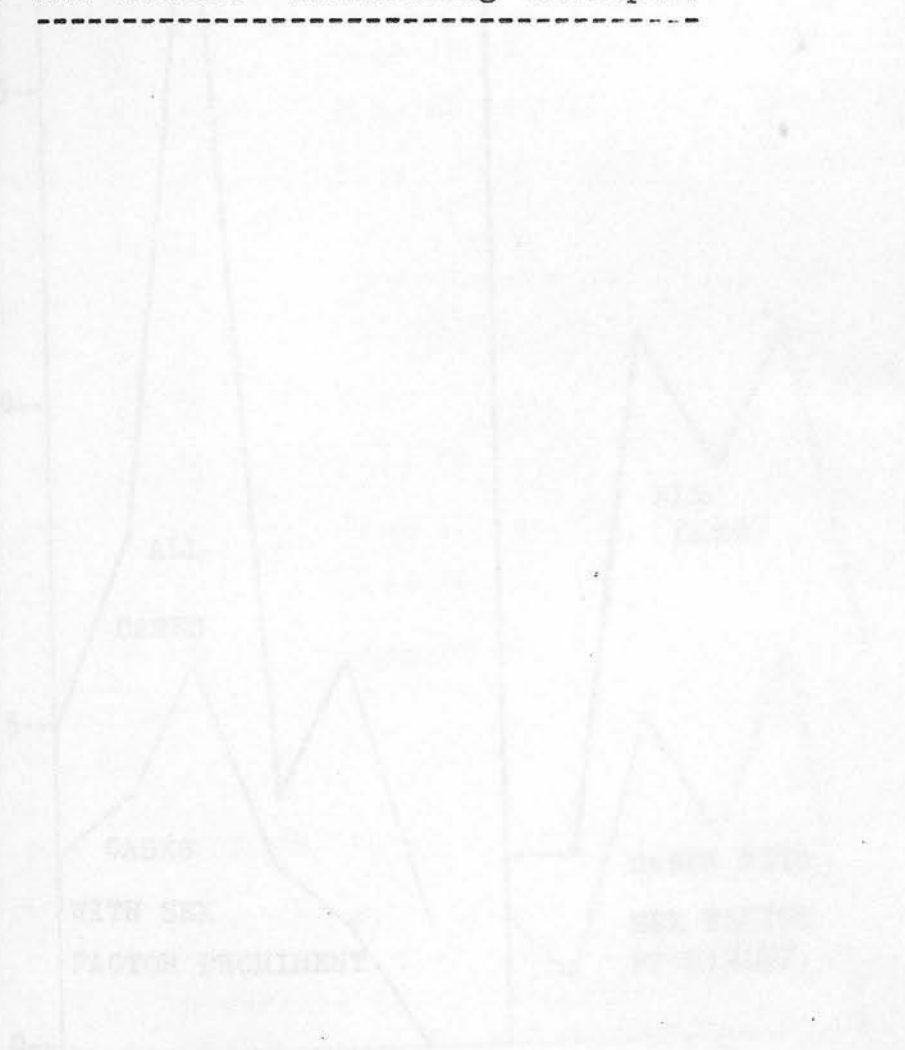
INFLUENCE OF INTELLIGENCE

THE DIFFERENCES IN INTELLIGENCE. CASES IN WHICH
A SEX FACTOR INFLUENCED THE ATTEMPT.

DISTRIBUTION OF VARIOUS GRADES OF INTELLIGENCE.

SECTION II.---B.--ix

Sex Factors Influencing Attempts.

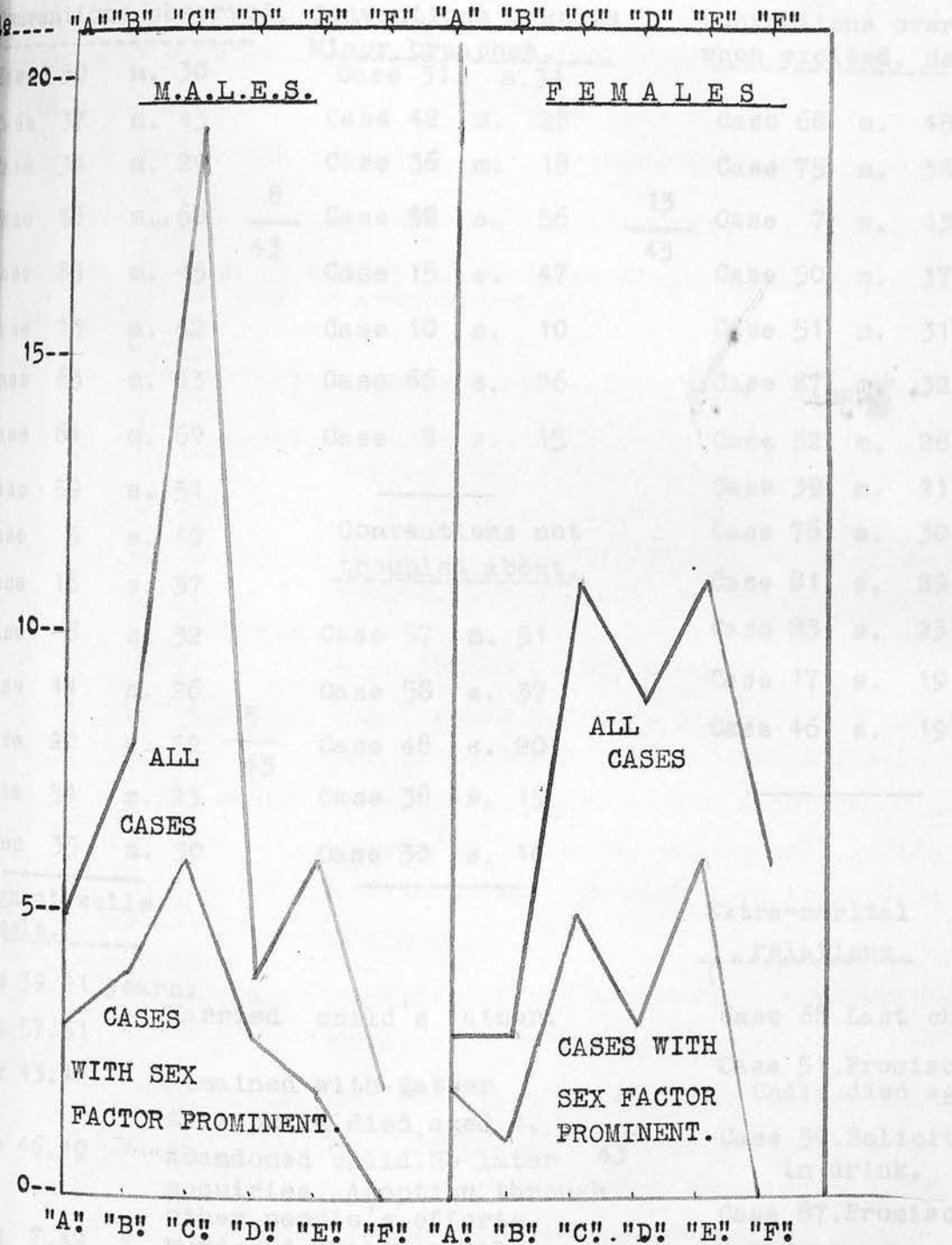


Note that there are fewer in proportion, among the cases who have the grade of intelligence shown, than among those of either sex, and that in which a sex factor was prominent.

MOTIVATION OF ATTEMPTED SUICIDE.

SEX DIFFERENCES IN INTELLIGENCE. CASES IN WHICH
A SEX FACTOR INFLUENCED THE ATTEMPT.

Distribution of various grades of intelligence.



Note that there are fewer in proportion among the males who have the grade of intelligence average for the group,

Note that none of either sex was of "F" grade, among the cases in which a sex factor was prominent.

Conventionality in sex life among the suicidal women.

Conventions observed.		Conventions irksome		Conventions over-ridden	
-----		Minor breaches.		when excited. Serious.	
Case 50	m. 30	Case 31.	s. 34		
Case 37	m. 43	Case 42	m. 28	Case 68	m. 48
Case 34	m. 29	Case 36	m. 18	Case 75	m. 38
Case 56	m. 60	Case 52	s. 56	Case 7	m. 43
	$\frac{8}{43}$	Case 15	s. 47	Case 50	m. 37
Case 85	m. 45	Case 10	s. 10	Case 51	m. 31
Case 23	m. 62	Case 66	s. 26	Case 87	m. 32
Case 65	m. 63	Case 8	s. 15	Case 32	m. 28
Case 64	m. 62			Case 39	m. 21
Case 59	s. 51	Conventions not		Case 76	s. 30
Case 5	s. 42	<u>troubled about.</u>		Case 81	s. 29
Case 16	s. 37	Case 57	m. 51	Case 83	s. 23
Case 6	s. 32	Case 58	s. 37	Case 17	s. 19
Case 44	s. 26	Case 48	s. 20	Case 46	s. 19
Case 20	s. 52	Case 38	s. 19		
	$\frac{5}{43}$	Case 30	s. 16		
Case 54	m. 23				
Case 35	m. 30				
<u>Pregnant while</u>				Extra-marital	
<u>single.</u>				<u>relations.</u>	
Case 39.21	years.	Married child's father.		Case 68. Last child	
Case 57.51	"			Case 51. Promiscuous.	
Case 43.42	"	Remained with father		Child died aged 6	
		till child died, aged 4.		Case 50. Soliciting.	
Case 46.19	"	Abandoned child. No later		in drink.	
		enquiries. Adoption through		Case 87. Promiscuous	
Case 7.42	"	other people's efforts.		Abortions.	
		Murdered child shortly			
		after the birth. Alone.			
Case 29, 24	"	Procured abortion at		Further illicit	
		4 months.		relationships	
				subsequently.	

SEX FACTORS INFLUENCING SUICIDAL ATTEMPTS.

In no case was it possible to regard a sex factor as the motive for suicide. Always, such a factor, however direct or indirect its bearing, was found to be only one out of some score or more which influenced the attempt at self-murder.

Brief notes indicate the general situation and the special features of each of the 35 cases where a sex factor could be discerned.

The notes may be summarised as follows:

In 11 cases, promiscuity with or without police court record was a feature of the total unsatisfactory situation.

In 7 cases, incestuous practices were reported or seemed highly probable from the report.

In 7 cases, there had been no heterosexual attraction experienced at any time.

In 4 cases, the patient had been jilted; in 5 cases, the patient had jilted someone else.

6 cases were living in irregular association, under stress of reproach, importunity, infidelity and jealousy. In each case, there were children.

2 cases were definitely homosexual, each case being accustomed to take the initiative.

10 cases shirked marital responsibilities, either the bearing of children, the additional expenditures of money or effort entailed, or the inroads upon personal privacy.

In 20 cases, the individual had been made a favorite by the parent of opposite sex, and later on there was evidence of faulty adjustment.

CASES WHERE A SEX FACTOR INFLUENCED THE ATTEMPT.

FEMALES.

32. Marital Status.
married. Father's favorite. Fears and hates mother. Insatiable re intercourse. (Husband's report.)
23. married.
1 child. Endures intercourse; no pleasure. Refused a second pregnancy. Resented the claims upon her. Self love prominent.
16. single.
(37 years.) Father's favorite. "Mother-substitute," consciously expressed. No love affairs. Wished to become engaged at 30, because of the fear of being an old maid. Self-love prominent, "Always perfect, no need for criticism."
5. single.
(42 years.) Onset of menopause. Father's favorite. Fears and hates mother. Self-love prominent. Exhibitionism present. Recent marriage idea chiefly to reassure herself as to her popularity and perfection.
46. single.
1 child
(abandoned.) Father's favorite. Incest probable. Self-love prominent. "Oh, well, we all have to die, sometime."..was her only reaction to news of her mother's death.
56. single.
(26 years.) Conflict regarding return to her father and his faith, or remaining loyal to her mother whom he had grievously misused.
6. married.
(separated.) Father's favorite. Attached to younger brother. Separated from her husband partly because he was jealous of the way she conducted herself with this brother. Very vain.
6. married.
(separated.)
1 child (away). Known to police as woman of loose morals. Record also for drunkenness. Previous attempt four months ago in quarrel.
0. single.
16 years. Children's Court record. Truancy, dishonesty, loose morals. Mother shielded her, but is now dead. Elder sister has 2 illegitimate chn., by different fathers.

CASES WHERE A SEX FACTOR INFLUENCED THE ATTEMPT.

FEMALES.

Marital

- Case 51. ~~status~~ married. (1 illeg. child) separated. Court record as common prostitute. Convictions also for brawling and drunkenness. Child died aged 6 months. No regret voiced. Pan-hysterectomy at 26 years. "Much better since." Vain.
- Case 50. Separated. (10 pregnancies. 1 ch. living.) Mutual infidelity preceded separation. Sordid competition with 15-year old daughter for relations with a man 10 years younger than herself. Convictions for brawling and drunkenness. Vain.
- Case 48. Single. (20 years.) Police record for pilfering. Has contracted gonorrhoea. A truant from school. Dismissed for theft from employment. Loose morals.
- Case 20. Single. (52 years.) Father's favorite. Adored him, hates mother and godly sister. Threatens to kill one or other of them. Depressed after marriage disappointment. (Match would have relieved her from life with the mother.)
- Case 7. Married. 1 illeg. child. (killed.) Father's favorite. Mothers her husband. Refused pregnancy. (Married at 35. At 17, had an illegitimate child, at sea. She put it through the port hole.) Self-love prominent.
- Case 34. Married. 4 children. Father's favorite. Did not marry until after his death, and then "only for a home". Feels inadequate to the demands of married life. Has been depressed after the birth of two of the children.
- Case 6. Single. 32 years. Clings to mother. Marked jealousy of anyone claiming her mother's attention. Has never been attracted by any man. (Confirmed by mother and sister.) Had to work at home in order to be "beside mother." Vain about her person.
- Case 10. Single. 29 years. Mother's darling till 15. Hates father. Craves the touch of women. Makes homosexual advances Excessive care of her hands. Shirks all work in the house lest it coarsen them. Greedy, complaining, exacting.

CASES WHERE A SEX FACTOR INFLUENCED THE ATTEMPT.

MALES.Marital
Status.

- married. (4 chn.) Mother's favorite. Severely treated by father. Ran away from home at 15, and did not return till after father died. Unhappy with wife. Determined to have chn. put into a home, and to leave her. Mutual infidelity. Quarrels re money.
- single. Petted by Grandmother. Disliked by her sons in consequence. Depression after her death. Nightmare when 25 yrs. old. required to sleep in her bed after the funeral. Has no men friends.
- single. "Comes between father and mother, so thought it best to leave home." Very hurt because mother agreed to this arrangement, saying that his father was nicer to her in his absence. Spent nothing on his sweetheart. Dismayed when she accepted attentions from another, since that meant ridicule. "Self first, every time." (Sister and father)
- single. When parents separated, he was the only child to remain with his mother. She died insane. "I am like mother; she used to wander away." Was jilted years ago. Cannot bear to spend. Finds it impossible to live with relatives: "They are too inquiring, too officious. Let them fend for themselves." Attended Oxford Group meetings.
- single. Very attached to mother (now dead). Now similarly dependent upon older married sister "just like mother". She manages him, sees about a job for him. Sees the manager for him because he cannot bring himself to speak up, though he complains of imposition, at home. Has never had a sweetheart at any time. "If I ever married, it would have to be someone like mother." Attends prayer meetings.
- married. Separated. child. Forced marriage unhappy. Did not provide for his wife. She left him and earns a living for herself and the child. Sleeps with his father. Keeps racing dogs. "Couldn't afford the dogs if I married." Humiliated by neighbours who know the facts, as the wife lives on the same "stair".
- widower. Mother fixation. Finally married a woman 12 years his senior troubled with "Dropsy, just like mother". Depressed and alcoholic since wife's death. "She was not strong enough to have children." Homosexual assault since her death. Is not acceptable to brothers and sisters.

MOTIVATION OF ATTEMPTED SUICIDE.

CASES WHERE A SEX FACTOR INFLUENCED THE FACTOR.

MALES.

MARITAL STATUS.

- single. Strongly attached to mother. On father's death, when he (59 yrs.) was 29, he broke his engagement, paying £300 breach of promise, in order to remain with mother. "She made me very comfortable." Depressed after her death; is now similarly attached to a married ^{sister}. "What would my sister say if she knew how I was let down?" (Over a promised loan.) Regular church attendant.
- married. Married against his will. Birth of each child has been 3 chn. the occasion for a nervous breakdown and he has had to enter hospital. "Such an expense; and no privacy." Wants a separation. Is a hoarder, always seclusive. (Cripple)
- single. Mother's favorite. Allowed engagement to lapse and lived 45 yrs. on at home. Avoided earning more than enough to live from hand to mouth. Could thus claim: "No prospects on which to marry." Mother still living: unemployment is causing his prestige to wane. Depressed.
- single. Irregular behaviour suggested to sister after mother's 41 yrs. death. She was gravely offended and left home. Had been very dependent upon his mother and then upon his sister for assistance with the colostomy tube. Had other serious physical handicaps. Engagement had been allowed to lapse in favour of living on, at home. Is depressed.
- single. Engagement for 14 yrs. finally petered out, though he 35 yrs. was in a good post all that time. His health was not good, and was finally the reason for the broken engagement. Lives with his parents. Is very handy about the house. Regular church-goer.
- single. "Wild" in youth. Effusive references to his sisters 60 yrs. with whom he lived until their death, recently. Now alcoholic and depressed. Very vain and boastful.
- married. "Wild" and exceedingly jealous of ordinary social atten- separated. tions to his wife. All chn. remained with mother. Is chn. exacting, vain, arbitrary, unreasonable, and unreliable. Alcoholic.
- single. Lived with mother and unmarried sisters. Mother died at 2 years. 82, some years ago, then a sister aged 44. The remaining sister became depressed. He was now living alone, and found this unendurable. Had never been attracted to any particular woman, and did not intend to marry. Still grieves for his mother.

MOTIVATION OF ATTEMPTED SUICIDE.

CASES WHERE A SEX FACTOR INFLUENCED THE ATTEMPT.

MALES.

MARITAL
STATUS.

single. Mother's favorite. Conflict of affection. Quarrels when
2 illeg. he goes to his mistress. Outbreaks of delinquency. Was
chn.) only a month out of gaol when the act occurred. Alcoholic.
2nd. child born during his gaol period. Truant at school
Evaded enlistment 3 times. Deserted from the Army.

single. Broken engagement. Illicit relations, with acquiescence
in abortion. Vain, quarrelsome, insubordinate. Depressed.

married. Pregnant single woman had named him as the father of the
chn. child. Afraid for this to be known at his home. Son
recently married, and daughter of 19 whom he has been very
strict with. Drinking heavily, and neglecting his business
he incurred a sharp reprimand and feared dismissal. "He
comes of fast stock; and was always one to fancy himself
with women and girls." (Wife.) Vain and arbitrary.
"Like fondling, even from strangers" .. (himself.)

married. Wife is delicate and they have a hard struggle as the six
chn. chn. are under 10 yrs., and he has been out of work for 2
years. A daughter, born when he was on leave from the
war (Query mother), recently was found to be pregnant. He
had to master his jealous rage and permit the man to marry
her. Quarrelled with his wife about it. Still angry as he
tells of it. "Would have been angry no matter who married her"

MOTIVATION OF ATTEMPTED SUICIDE.
THE MENSTRUAL FUNCTION IN SUICIDAL WORKS.

Age of onset.

SECTION II.---B.---x

The Menstrual Function.

Restoration of function.

History.	Preceding.	Preceding.
Case 25 m. (aged 25 years.) No child.	Case 25 m. (2 ch.) (Aged 25 years) Now 45.	Case 5 m. (42 years) Irregularity with depression.
Case 10 m. (Aged 25 years.) Now 37. No small fibroid uterus.	Case 10 m. (Aged 25 years.) Now 37. No small fibroid uterus.	Case 7 m. (44 years) Irregularity with depression.
Case 45 m. (aged 45 years.) Now 55.	Normal. (Case 45 m.) Case 64 m. (Aged 54 years.) Now 62.	Case 44 m. (44 years) Irregularity with depression.
Case 12 m. (Aged 45 years.) Now 55.	Case 23 m. (Aged 45 years.) Now 62.	Case 57 m. (44 years) Normal. (Child.) Case 52 m. (44 years) (Aged 44 years.)

THE MENSTRUAL FUNCTION IN SUICIDAL WOMEN.

Age of onset.

<u>Early.</u>	<u>Average.</u>	<u>Late.</u>
Case 23.m. 11 years.	Case 6.s. 13 years	Case 7 m. 15 years.
Case 8 s. 12 years.	Case 10 s. 13 years.	Case 16 s. 15 years.
Case 30.s. 12 years.	Case 64 m. 13 years.	Case 17 s. 15 years.
Case 28.s. 12 years.	Case 65 m. 13 years.	Case 44 s. 15 years.
Case 39 m. 12 years.	Case 5 s. 14 years.	Case 66 s. 15 years.
-----	Case 12 s. 14 years.	Case 29 s. 16 years.
	Case 36 m. 14 years.	Case 31 s. 16 years.
	Case 43 m. 14 years.	Case 48 s. 16 years.

Cessation of function.

<u>Post-hysterectomy.</u>	<u>Precocious.</u>	<u>Proceeding.</u>
Case 51.separ. (Aged 26 years.) Now 31.(1 child).	Case 85 m. (2 chn.) (Aged 28 years) Now 45.	Case 5.s(42 years.) Irregularity, with depression.
-----	Case 16 s. (Aged 26 years.) Now 37. Has small fibroid uterus.	Case 7 m.(44 years.) Irregularity with depression.
Normal.	-----	Case 43 m @44 years.) Irregularity with depression.
Case 59 s. (Aged 45 years.) Now 55.	Case 64 m. (Aged 54 years.) Now 62.	Case 37 m. 43 years. Melancholia.
Case 68 m. (Aged 43 years.) Now 48.	Case 23 m. (Aged 42 years.) Now 62.	----- Normal.(Contd.)
Case 12 s. (Aged 48 years) Now 56.	Case 65 m.62 years. (Aged 42 years.)	Case 20.s. 52 years. (Aged 40 years.) Case 15.s. 47 years. (Aged 41 years.)

THE MENSTRUAL FUNCTION IN SUICIDAL WOMEN.

Amenorrhoea. at time.	Periods of amenorrhoea soon after onset.	Dysmenorrhoea
Case 29 s. (Fear of 2nd. pregnancy.) Unfounded idea.	Case 48 s. 3-6 year cessation). Case 16 s. (6-months' gap.)	Case 32 m. (Ovarian disease.) Case. 10 s. Lassitude and headache.
----- Behaviour change at each period.	Case 66 s. (3-years gap.) -----	Case 31. s. (Anaemic.) Case 16 s. (Anaemic. Small fibroid uterus.)
Case 46 s. (Offensive, rude, irritable.)		Case 17 s. (Headache.)
Case 39.m. (Moody, ungovern- able rages.)		Case 6 s. (Incapacitated. Anaemic.)
Case 34 m. (Fears loss of blood."Bad for me.")		Case 81 s. (Irritable. Anaemic.)
Case 44 s. (Perturbed at greater profusion. "Must be very ill!")		Case 30 s. (Lassitude.) Case 48 s. (Incapacitated.)
	-----	-----

Notes: In two cases, catamenia was present at the time of the attempt; namely, Case 34 m. Age, 29 years. (This woman had a 10 weeks' old baby. She suffers from recurrent depression, one of her fears being that she cannot afford to lose the menstrual blood.)

Case 5 s. Age 42 years. (At the onset of the menopause. This was ushered ⁱⁿ by a second period of serious depression, the first having occurred 10 years earlier.)

WHOLE SUICIDAL ATTEMPTS AS BEARING UPON CHILDREN.

ATTEMPT MEANS	ATTEMPT MEANT	ATTEMPT MEANT
ABANDONMENT OF	AN REFERENCE TO	"SAVING CHILDREN
RESPONSIBILITY.	ORIGIN OF CRISIS.	WITH THEM."

SECTION II.---B.--xi

Parental Attitude in Group.

Case 35 m. (3 yrs. and 15 months) Case 42 m. (6 year old.) Case 37 m. (4 yrs. and 2 yrs.) (Implied abandonment even then and held them down in the bath.) Case 58 m. (10 and 15 years) (They know I must not be neglected.) Case 50 m. (She can't have him.) Case 55 m. (Shouldn't have me so much alone.) Case 54, 56p. (Can't say when wanted not allowed to return.) Case 36. (Father prevented visit to sick child.) Case 51 (Paternal infidelity Mother given custody of children.)	Case 35 m. Case 35 m. Pregnant. (3 yrs. and 15 months) Case 42 m. (6 year old.) Case 37 m. (4 yrs. and 2 yrs.) (Implied abandonment even then and held them down in the bath.) Case 58 m. (10 and 15 years) (They know I must not be neglected.) Case 50 m. (She can't have him.) Case 55 m. (Shouldn't have me so much alone.) Case 54, 56p. (Can't say when wanted not allowed to return.) Case 36. (Father prevented visit to sick child.) Case 51 (Paternal infidelity Mother given custody of children.)	ATTEMPT MEANT ABANDONMENT CASE 35 m. (Taken by grandmother.) Case 45. Single. (During time permitted abandonment, but she will child, when said ATTEMPT MEANT SAVING CHILDREN. CASE 7. (Mother took after illegitimate child and refused to have her Case 56 m.)
---	---	--

FEMALE SUICIDAL ATTEMPTS AS BEARING UPON CHILDREN.

ATTEMPT MEANS
ABANDONMENT OF
RESPONSIBILITY.

ATTEMPT MEANT
AS REPROACH TO
GROWN-UP CHILD.

ATTEMPT MEANT
"TAKING CHILDREN
WITH THEM."

gnant. Case 35 m.

(2 older ones
abandoned; 2
young children
to die with her.)

Case 23 m.

(Weaning me from
drug-addiction)

Case 35 m. Pregnant.

(3 yrs. and 15 months)
Gas.

Case 42 m.

(6 year old.)

gnant. Case 39 m.

(Child of 15
months left.)

Case 85 m.

(Being underhand
with me.)

Gas.

Case 37 m.

(4 yrs. and 2 yrs.)

(Emptied ammonia over
them and held them
down in the bath.)

Case 43 m.

2 children left.

Case 64 m.

(Blaming me for
broken engagement.)

Case 68 m.

(10 chn., youngest Case 57 m.

13 and 10 years) (They know I must
not be neglected.)

Case 50 m.

(She shan't have
him.)

Case 65 m.

(Shouldn't leave
me so much alone.)

ATTEMPT INFLUENCED
BY BEING DEBARRED
FROM ACCESS TO
CHILDREN.

Case 54. Sep.

(Ran away when
tannted. Not allowed
to return.)

Case 56.

(Poverty prevented
visit to sick child.)

Case 87

(Marital infidelity
husband given custody
of children.)

ATTEMPT WHERE CHILD
ALREADY ABANDONED.

CASE 76 Sep.

(Taken by grandmother.

Case 46. Single.

(Nursing home permitted
abandonment, lest she
kill child. Hated it.)

ATTEMPTS BY WOMEN
REFUSING CHILDREN.

CASE 7.

(Married long after
illegitimate birth, but
refused to have child)
Case 36. m.

MALE SUICIDAL ATTEMPTS AS BEARING UPON CHILDREN.

ATTEMPT MEANS

ABANDONMENT OF
RESPONSIBILITY.-----
Case 82 m.(6 chn. under 10
years. Unemployed)

Case 72 m.

(3 young chn.)

Case 63 m.

(2 young chn.)

Case 40 m.

(1 defective
and one cripple)

Case 18 m.

(3 young chn.)

Case 33 m.

(4 young chn.)

ATTEMPT MEANT

AS REPROACH TO
GROWN UP CHILD.-----
Case 19 m.(Sons set up a
separate firm.)

Case 61 m.

(Refused further
assistance.)

Case 71 m.

(Daughter did not
live with him.
Lonely.)-----
DEBARRED ACCESS
TO CHILDREN.-----
Case 86 separ.(3 chn. in care of
state.)

Case 47 separ.

(Wife has custody
of child.)

ATTEMPT MEANS

TAKING CHILDREN
WITH THEM.-----
Case 41 m.Pact with wife.
(6 year old.)-----
ATTEMPT WHEN HEFELT BURDENSOME
TO GROWN UP CHILDREN-----
Case 73 m. widower.(Lived with married
daughter.)

Case 67 m.

(Lived with married
son.)

Case 24. widower.

(Lived with grown-
up family.)-----
ABANDONMENT OFILLEGITIMATE
CHILDREN.-----
Case 69 single.

(2 chn. Same mother.)

Case 14. married.

(1 child. Not living
with its mother.)-----
CHILDREN DISOWNED
HIM. INFIDELITY.-----
Case 14. m.(After stripping
home of comforts.)

Case 4 separ.

(Alcoholic degrad-
ation. Cadging.)-----
ATTEMPT INFLUENCEDBY NEED TO AGREE TO
ABORTION.-----
CASE 9, s.(Unemployable, and
epileptic.)

SECTION II.---B.---xii

Depletion of Nervous Energy.

MOTIVATION OF ATTEMPTED SUICIDE.

CLASSIFICATION OF INFIRMARY CASES.

INDIVIDUALS DEPLETED OF NERVOUS ENERGY: UNDERNOURISHED, OVERTAXED,
ILL, CONVALESCENT.

Emotion directed toward others.	Emotion roused by events beyond his control.	Emotion centred upon the self.
<u>Patience of coercion.</u>	<u>Rebellion at irre-</u> <u>mediable loss.</u>	<u>Self-Pity</u>
"It's all my life."	"No one left to nurse me."	"I'm not wanted."
"Always nagging."	"Why had father to die?"	"I'm a burden to them."
"Gry at false accusations."	"My sole support."	"I miss them so."
"Telling others."	<u>Helpless when uprooted</u>	<u>Fear for self.</u>
"Writing anonymously."	"No where to go."	"This is bad for me."
"Gry at action taken without reference to them."	"No one to turn to."	"It's too much!"
"Right to mortgage the home!"	"No references."	"This has got to stop."
"Right to be underhand."	"No money."	<u>Self-reproach.</u>
"Right to disperse my things!"	<u>Rebellion against</u> <u>poverty and depriv-</u> <u>ation of pleasure.</u>	"Shouldn't have done that."
"Gry at being put upon."	"No joy in life now."	"Oughtn't to live"
"Free men's work. No extra pay."	"Nothing to hope for."	<u>Guilty and afraid</u>
"Makes me do women's work."	"Not worth living like this."	"They shan't get me."
"The idea of my doing this work!"	<u>Anger at personal</u> <u>imperfections.</u>	"Tomorrow they'll know."
"Jealous and angry."	"My head looks funny. I expect I look mad."	"This will fix it!"
"Let him stick to his mother!"	"I don't earn my food."	<u>Fear of suffering</u>
"She will tell him what she is."	"I'm always smashing things. Others don't."	"Not another operation."
"Gry at ridicule."		"No more inject- ions."
"Feel like hitting out."		"It's cancer, I tell you."
"I like to smash his face."		
<u>Revenge</u>		
"Give them right if everything comes out."		
"They'll be shown up."		
<u>Gry at faultfinding.</u>		
"Always got something to say."		
"Never satisfied."		

- es:-
- The disturbing elements are connected with the individual's most valued relationships, those which make life worth while, or bearable, in his opinion.
 - Everything conspires to keep his annoyance in mind.
 - In some instances, anger directed outwards reinforces pity for himself.

MOTIVATION OF ATTEMPTED SUICIDE.

Janet in France, MacEie Campbell in America, and East in Britain have stressed the fact that depletion of energy is influential in accentuating the danger of suicide. Campbell instanced cases where lessened inhibitory power was prominent, and others where affective experience became especially insistent.

The role played by this factor in our cases is illustrated below:

- a. following serious illness, as Case II (inoperable sarcoma of anus, colostomy); Case 33 (an epileptic, in last stages of phthisis, alcoholic); Case 51 f. (post-hysterectomy; gastritis aggravated by excessive drinking); Case 22 (haemophilia, with involvement of hip and knees; completely crippled left arm); Case 12 f. (acute phthisis with alcoholism); Case 15 f. (diabetic seizures. Menopause.) Case 35 f. (kidney disease, pyorrhoea; pregnant); Case 40 (second mastoid operation necessary); Case 56 f. (uraemic seizures.)
- b. convalescence incomplete, Case 14, (post-influenzal attempt, alcoholism); Case 6f. (post-influenzal, over-working.); Case 17 f. (post-influenzal, dismissed without reference.); Case 23 f. (post-influenzal; menopause.); Case 42 f. (post-operative)
- c. alcoholism of long standing, as Case 2, (delirium tremens on two occasions.); Case 4, (sacrificed positions and stripped home.); Case 19, (ruined his business and home life.) Case 26, (finally forfeited post after many chances.); Case 28, (used dole, cadged, and abused relatives.); Case 37 f. (constantly at brandy bottle in home); Case 47 (constant tippling since war; lost all posts); Case 50 f. (13 convictions for drunkenness and brawling); Case 61, (Heavy drinker, bouts after losses) Case 67 (Quart of whisky a day). Case 71, (Constantly drunk.); Case 75 f. (Police record for drunkenness); Case 76 f. (Whiskey drinker). Case 69 (Police record, drunkenness.)

- d. working against the grain, long hours; as Case 84 (3 men's work, no extra pay.); Case 25, (3 men's work, no extra pay.); Case 8f. (work at home after shop.) Case 5 f. (working at home, after office.)
- e. loss of faith in code, ideals, or philosophy; as Case 1, (his refusal to accumulate, on the ground of the ultimate valuelessness of possessions left him to the charity of those who believed otherwise.); Case 20 f (her obedience to difficult family code cost her her lover.); Case 82 (his wife blamed his over-strict supervision of the wayward elder daughter for her plight) Case 41 (steady, provident ways failed to hold the affection of a lively wife.)
- z. wounded self-esteem; as Case 3. (Sweetheart of 7 years' standing preferred attentions of someone who took her about. He had been disinclined to spend on pleasure.); Case 31 f. (Young man had abruptly returned loan, sold business in which she had been a great help, without consulting her.); Case 36 f. (expected to make it up with her husband as soon as she would agree to return to his mother's home, but heard he wanted divorce); Case 31 f. (had acted unwisely, losing esteem of admirer; her family politely regretful. Financially dependent upon sister and expected to conform to her plans without question.); Case 44 f. (Expected to pay her way, and fearful of straining affection of aunt by admitting that she was penniless.); Case 45, (unemployed and unhappy in household tasks under mother. "Woman's work!"); Case 54 f. (Could not bring herself to return to taunts of mother-in-law; destitute, and missing her children.)
- y. fear of discovery; as Case 9f. (dismissed for theft, mother on eve of confinement, money tight.); Case 49, (petty theft and spite which if discovered meant deprivation of coveted pleasure); Case 74, (gambling against will of father. Punishment threatened).

It is not suggested that because nervous energy was seriously depleted, these individuals became suicidal. It is suggested that until there was present some degree of exhaustion, the total situation was not found insupportable, though it was distressing.

HEALTH OF THE SUICIDAL GROUP.

(The following table is kindly supplied by various medical practitioners.)

HEALTH OF THE SUICIDAL GROUP.

SECTION II---B--- xiii

Health of the Suicidal Group.

PRIMARY
TYPE.

CASES SUFFERING FROM
EFFECTS OF EXCESSIVE

CASES WITH ENLARGED
THYROID.

DRINKING.

	M.	F.
1	2	12
2	3	37
3	4	50
4	14	51
5	19	75
6	21	76
7	25	87
8	28	
9	40	16
10	47	8
11	51	34
12	57	
13	59	
14	70	
15	71	
16	82	
17	86	

M. F.

2 10

60 34

18 39

45

24

CASES OF ANAEMIA.

M. F.

2 10

60 34

18 39

45

24

of the men and
of the women appeared
to be in excellent
condition.

HEALTH OF THE SUICIDAL GROUP.

(Data kindly supplied by various medical practitioners.)

FUNCTIONAL INEFFICIENCY OF:-

CARDIOVASCULAR SYSTEM.		RESPIRATORY SYSTEM.		ALIMENTARY SYSTEM.		ENDOCRINE GLANDS.		CENTRAL NERVOUS SYSTEM.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
2	43	2	6	3	6	2	5	9	39
3	35	25	12	11	16	18	6	18	44
9	54	33	43	14	20	28	10	33	83
2	56	41	64	63	34	45	15	49	34
4		47	66	86	42	49	17	55	76
3		71	17	69	44	63	29	61	66
7		72	59		51		30	53	
2					76		32	71	
0					75		34	70	
4							37	78	
							39	80	
							50	3	
							51		
							54		
							64		
							65		
							66		
							85		
							7		
							68		
							36		

GENITO URINARY SYSTEM.

M.	F.
22	6
49	15
72	16
78	32
53	35
18	39
	44
	49
	50
	51
	56
	66
	87
	83
	65

CASES SUFFERING FROM EFFECTS OF EXCESSIVE DRINKING.

M.	F.
2	12
3	37
4	50
14	51
19	75
21	76
26	87
28	
40	
47	
61	
67	
69	
70	
71	
82	
86	

CASES WITH ENLARGED THYROID.

M.	F.
2	10
60	34
18	39
45	
24	

CASES OF ANAEMIA.

M.	F.
	6
	16
	8
	34

N.B. 6 of the men and 3 of the women appeared to be in excellent physical condition.

ILL HEALTH AS A FACTOR INFLUENCING SUICIDAL ATTEMPTS.

CASES WHO WERE GRAVELY ILL AT THE TIME.		CASES WHO WERE INCAPACITATED BY ILLNESS.		CASES WHO WERE DEBILITATED BY EARLIER ILLNESS		CASES WHO WERE SUFFERING ACUTE PAIN. 85	
M.	F.	M.	F.	M.	F.	M.	F.
5	13 1/2 6	10	7	6	8	8	15 cases.
11	12	25	20	3	17	71	38
18	13	21	29	80	66	79	17
22	31	24	32	41	42	73	35
33	35	40	38	69	10	72	38
84	43	47	75	61	68	84	56
	56	67	85	73	37	49	50
		77	6		64	27	65
		78			65	69	48
		82					29
		72					68
							75
							83
							54
							20

CONDITION OF TEETH.

Very bad.	Extracted		No dentures.		Uncomfortable dentures.		Irregular Pegged dentition. Jagged.		
F.	M.	F.	M.	F.	M.	F.	M.	F.	M. F
12	3	10	18	59	40		60	43	78
17	22	31							
35	40	5							
	61	51							
		65							
	18	7							
	14								
		59							

CONDITION OF HEARING.

TOTALLY DEAF.		PARTIALLY DEAF. (1.e. One ear) deaf.		HEARING DULL.	
M.	F.	M.	F.	M.	F.
7	56	86	59	62	42
		40			31
		49			5
		84			
		53			

CONDITION OF SIGHT.

ONE EYE BLIND.		BOTH EYES DEFECTIVE.		SLIGHT IMPAIRMENT.	
M.	F.	M.	F.	M.	F.
	10	4	31	79	5
61	51	24	59	13	7
62	56	21	58	84	37
52		26	23	63	43
		9	15	8	83
		27			

MOTIVATION OF ATTEMPTED SUICIDE.

TYPE OF TEMPER CHARACTERISING THE SUICIDAL CASES.

TEMPERED TO ROUSE.	EASILY ANGERED"		EASILY ANGERED		VIOLENT IN		SELF INJURY			
	EASILY MOLLIFIED.		BEARS GRUDGES.		ANGER.		CRUEL. IN ANGER.			
F.	M...	F.	M. .	F.	M.	F.	M.	F.		
7.	13	15	9	10	84	37	49	29		
16	26	30	14	17	86	39	33	57		
31	40	32	28	23		44	69	58		
54	42	38	41	29		50	87	64		
65	47	48	53	35		64		66		
85	62	51	55	36				76		
	52	56	60	44				83		
	69	59	63							
	72	66	70							
	74	68	71							
	86	75	80							
		81								
TANKEROUS. MAGGING.	TANTRUMS.		DOUR		ARGUMENTATIVE		TEASING.		COMPLAIN-	
	ABUSE.		SULLEN.		IRRITATING.		PROVOCATIVE		ING. PEEVISH	
F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
43	86	8	53	37	1	5	49	50	21	WE
38	49	51	22	30	19	29	19	51	4	we
64		15	63	44	9	43	61	58	80	23
10		39	40	6	3	7	77	57	45	57
68		50	41	17	2	76	69	83	18	75
29		68	55	62	60	46	33	30	11	10
50		18	60	76	78	47	4	42	13	34
85		36			70	66	86	68	53	81
		51			14				69	85
		54			21				82	56
					26				25	48
					80				22	68
					84					32

CASES TOO EASILY CONDITIONED AND RECONDITION-
ED.

MALES:- 25 27 33 45 18 61 69 86 77

78 80 82 40 4

FEMALES:- 10 15 17 29 32 38 48 50

51 56 58 68 75 81 83 87

PREVAILING MOODS WHILE RECOVERING FROM EFFECTS OF SELF-INJURY.

Cheerful, proffering excuses for act. Cheer-ful, with inconsequent talk. Depressed and self-reproachful. Depressed "Not wanted. "

61 m.	66 f.	58 f.	22 m.	67 m.
2 m.	68 f.	50 f.	26 m.	73 m.
8 f.	75 f.	51 f.	37 f.	76 f.
84 m.	83 f.	31 f.	40 m.	78 m.
47 m.	38 f.	36 f.	41 m.	79 m.
	56 f.	39 f.	42 f.	84 m.
	30 f.	57 f.	43 f.	87 f.
			59 f.	81 f.
			62 m.	32 f.
			70 m.	44 f.
			71 m.	54 f.
			64 f.	55 m.
				60 m.

Weeping, self-pitying. Hopeless, Dreary. Angry, Resentful. Apprehensive. Anxious. Sullen,

80 m.	73 m.	4 m.	54 f.	65 f.	17 f.
45 m.	24 m.	22 m.	57 f.	62 m.	19 m.
59 f.	67 m.	5 f.	60 m.	69 m.	28 m.
34 f.	87 f.	10 f.	61 m.	72 m.	51 f.
27 m.	9 m.	7 f.	63 m.	74 m.	
25 m.	21 m.	12 f.	66 f.	79 m.	
23 f.	53 m.	15 f.	68 f.	81 f.	
20 f.	55 m.	19 m.	76 f.	6 f.	53 m.
18 m.		20 f.	83 f.	11 m.	65 f.
16 f.		23 f.	84 m.	13 m.	12 f.
13 m.		25 m.	85 f.	18 m.	49 m.
11 m.		26 m.	86 m.	22 m.	55 m.
10 f.		27 m.	77 m.	32 f.	
3 m.		28 m.		46 f.	
7 f.		29 f.		48 f.	
65 f.		32 f.		52 m.	
69 m.		33 m.		53 m.	
		35 f.			
		37 f.			
		39 f.			
		41 m.			
		45 m.			
		49 m.			
		50 f.			
		53 m.			

"Persecuted."

Hallucinated

N.B. The full extent of "swings" in mood could not be indicated here. Note that both the self-pitying and the persecuted swing over to anger and resentment

NOTIFICATION OF ATTEMPTED SUICIDE.

LOCATION OF HARBOR ACCORDING TO PLANS IN PAGES.

Harbor child..... 10 cases, 11 women, 4 men.
 Immigrant child..... 12 " " " " " "

Only child..... 1 case 1 woman
 Immigrant of " " " " " "

SECTION II.---B.--xiv

Place in the Family.

Salon

Female

Salon

Female

Salon

Female

Salon

Female

Salon

Female

Salon

Female

Salon

Female

Salon

Female

Salon

Female

Salon

Female

MOTIVATION OF ATTEMPTED SUICIDE.

CLASSIFICATION OF CASES ACCORDING TO PLACE IN FAMILY.

Eldest child.....	15 cases,	11 women,	4 men.
Youngest child.....	13 "	9 "	4 "
(Only child	1 case	1 woman.	
(Twin.(eldest of 9).....	1 "	1 "	
(Illegitimate(1st child)	3 cases	1 "	2 men.

		SIZE OF FAMILY.												TOTAL
Place in family.	Sex.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	13.		
	Males			1	1		1	1					4	
	Females	1			1		2	1	3	1		2	11	
	Males			3	1		1						5	
	Females		2										2	
	Males				2	2			1	2	1		8	
	Females			3		1	1					1	6	
	Males						1				1		2	
	Females				1		3						4	
	Males					2			1			2	5	
	Females								1				1	
	Males													
	Females						1						1	
	Males									1			1	
	Females							1	1		1		3	
	Males								1				1	
	Females								1				1	
	Males												0	
	Females										1		1	
	Males											1	1	
	Females												0	
Youngest	Males	2	1		1								4	
	Females	2	3	1	1		1				1		9	

The first born children in this group are, save in three instances, characterised by poor inhibitory power. Power to deliberate, to defer action, to bear disappointment, to contrive expenditure that will be to their advantage, is extremely poor.

It is not by chance that the women in this group were easily seduced. Craving excitement, impatient of restraint, unable to look ahead, and having no code of values higher than immediate gratification, it would be remarkable if such histories were not found.

Hot temper, wild threats when opposed, cruelty in passion help to explain the common note that these individuals had no friends of long standing, but had worn out the patience of kith & kin.

Cases 52, 57, 56 and 55 are imbeciles: Cases 39, 81 and 48 are morons.

Changed disposition, usually in the sense of exaggerating a trend already in evidence, was reported by No. 84, 65, 29 and 78. Delinquency serious enough to mean convictions occurred in cases 52, 40, 48; and the guilt idea, expressed by cases 7 (theft), 65 (husband a thief, herself guilty of libel) 43 (guilty of libel), 81 (being watched for dishonesty) are not necessarily delusions. Case 65, with very poor powers of calculation had been elected Treasurer of a Church Union. Suddenly, she gave up her post and church membership. Case 7, assured by her mistress that she was not under suspicion in regard to the missing laundry, nevertheless threw up her post; and her husband returned sundry articles he supposed she had packed in mistake, after the attempt occurred.

Description of the group of Eldest Children.

Sex.	Age.	Marital Cond.	Behaviour traits.
f.	19	S.	Easily excited, impatient, self-conscious. Often moody and silent. "Mother's alright to me." Many changes in employment. Dismissed for misconducting herself with a soldier, who attracted her attention and invited her to spend the evening with him. Only anxiety was that she might be in police hands and not returned to her home.
Eldest of 9.			
f.	42	M.	Easily excited. Gushing over new friends. Snobbish.
1. birth.			Craved compliment and exerted herself to earn approval. At 17 became pregnant. Man a foreigner, of 35, could not marry her. She drowned the baby soon after its birth. Later there was intimacy with an older man. Does not report pregnancy. Married at 35, refused to have chn. Very eager to have a secure home; but husband fritters money away. Is menopausal, with delusions. (Suspected of theft.) V. inquisitive.
Eldest of 8			
died, pat. 11 yrs			
f.	42	M.	Wilful girl. Inquisitive. Always looked on the black side. Flared up at trifles. Nervous, excitable, and over-careful about lessons. Timid and very self-conscious, intolerant of advice. Was mistress to a man for 5 years. Took the child's death (4 yrs.) as penalty, and left him abruptly. Soon after married. "Scolds and nags, as it were, against the grain." Very seclusive since marriage. Phthisical.
3 births			
2 living.			
Elder of 2.			
er died, pat. 8 yrs			
f.	20	S.	Wilful, showy, flighty, always 'on the go', craves excitement, especially 'petting'. Has contracted gonorrhoea. Previous attack of depression. Is a ready but unconvincing liar; has been a petty thief since early childhood. Is in police hands now, for stealing from employer. Inconsiderate in home, must have company. V. distractible and irritable.
Eldest of 13			
7 living.			
f.	29	S.	Hot-tempered, selfish, vain, showy, dreading any responsibility. Timid, shifts blame, craves excitement. Present fear that she is pregnant. At school played sick to secure a day at home. Was backward, nervous, could not keep friends. Incompetent.
Twin.			
Eldest of 9.			
f.	24	S.	Reports changed disposition since menarche at 16. Attention wanders, credulous, ill-tempered, wilful. Left home for good at 18 (country), and became a hotel waitress in Edinburgh. Pregnant last March, abortion procured in June. Renewed relations, with anxiety. Does not want another miscarriage. There is pressure of activity, considerable spite, and relish in recounting it. Like case 48, she has gone to man's parents to try to force his hand re marriage. Hates her home, "Mother needed me too often. Had to leave school early. 10 of us!"
Eldest of 10.			

Description of the group of eldest children.

Sex.	Age.	Marital Cond.	Behaviour..
m.	53	S.	"Only fault is fondness for drink": (Mother) Reports changed disposition, the last 6 years. A kink, since then. Must hit first. Knocked a maid down a month ago, for pertness. Sorry afterwards. Been hurting men and animals too, and saying hateful things. "Much more impulsive, cannot stand opposition. Have memories I'd like to lose." Evil thoughts and everything a trouble. Insomnia. Returned soldier, horrified by bayonet charges. Nightmares in hospital, blood everywhere, bent on slaughter.
m.	20	S.	Unemployable in home and outside. "You're taking from the younger ones" a frequent reproach when he turns to his parents after another dismissal. "Mother has turned me down. She'll only say, What a fool! when she hears I done this." Only accept able to delinquent groups. Is at present on proba- tion. Police think he <u>wants</u> to be taken up, to be sure of meals and shelter.
f.	21	M. 1 ch.	Ungovernable temper from babyhood. Unreasonable demands. Importunate. No friends. Craving for finery and excitement. Angry, wild talk, and impulsive acts when checked. Threats to injure others, throwing knives, banging baby's head, when impatient with it; threatening to kill herself for trivial cause. Inefficient at school and at work. "Kept her on out of kindness to her mother, having such a struggle. Makes more trouble than she is worth." Became pregnant. Marriage arranged hastily. Tried unsuccessfully to abort. Cannot spend wisely for home. Gets into a muddle.
f.	51	M. 10 chn 5 alive.	Never learned to read or write though kept at school till 14. Could fetch and carry at home and in a bookshop. Became pregnant, and marriage arranged. "Pity it happened. Just foolishness. Shouldn't have happened. Shouldn't leave me alone in the house. I've done it before. Can't forgive them for leaving me. Won't speak to them." She cannot manage the house, or make purchases. Menopause three years ago. Cannot tolerate responsi- bility. Cheery if petted and treated as an invalid
m.	25	S.	Mother had four children by three different fathers. Grandmother took this one and reared him. Was very good to him, but spoke harshly of his father. 2 years late in passing the Qualifying exam. at school "Not the school's fault." Depressed, reserved ideas of reference, faulty memory, poor concentrat- ion. Worse since puberty. Phobia re syphilis.

Description of the group of eldest children.

Marital
b. Sex. Age. Cond.

Behaviour.

- f. 18 Sep. Tantrums; vain, showy, boisterous, indulges in fantasy, like case 17 and case 7, but craves company and excitement. Intolerant of rules. Was turned out of father's home, a year ago for late hours with men. Induced a companion to marry her at short notice. His mother angry, yet took her into her home. Indolent, extravagant, insolent. Finally, told to leave, her husband agreeing to pay her 10/- weekly. Got work for 3 weeks, then declared her "Nerves" prevented her from continuing. Suspicious.
- eldest of 5
- f. 60 M. "Mother was nervous like me; would get dreadfully excited over the least thing, and cry." Incapable of managing household expenditure. When behindhand with rent, "throws a turm." Cannot write as well as a 7-year old. No will of her own. No idea of what is practicable; weeps when denied what cannot be afforded (Trip to south of England, to see girl with broken leg.) Easily imposed upon. Imbecile.
- 13 chn.
9 alive.
- f. 58 S. Lively. Afraid of the dark. Nightmare. "Had lots of boys." Inquisitive, impulsive, impatient, sulky. Destructive in temper, cried easily. Variable in mood. Posts as cook and companion, in England and on the Continent. Craved constant change and excitement. Became tubercular at 28. Refused attention advised. Condition grew worse. When about 44, mother's blindness made it necessary for pat. to look after her. Resented monotony. Began to drink.
- eldest of 7.
- f. 62 M. To service at 11, Hotel waitress when married at 31
- 1 ch.
- eldest of 9
- m. 18 S. Uncertain temper. Seclusive. Suspicious. Easily hurt. Distressed at his inability to suit any employer. "Can't earn my living. Shouldn't eat then." Mentally defective. Gullible. Angry when ridiculed by boys who take him in, though much younger. Wears a red ribbon pridefully, and explained that it means he is 'saved', but he doesn't know what from. Smirks at compliment on its bright colour.
- m. 51 W. "Always in trouble. Truanted so much, they put me in home till I was 16" Out of a job, but gets no dole
- 7 chn.
3 alive.
- eldest of 9.
her died, pat. 11.
- (Drinking, or delinquency.) In war, had mastoid operation, and all teeth removed. Renewed discharge (ear) with dizzy turns, worse lately. Brinking heavily, since wife died 15 yrs. ago. "Wild in drink". Nervous when sober.

MOTIVATION OF ATTEMPTED SUICIDE.

DESCRIPTION OF THE GROUP OF YOUNGEST CHILDREN.

This group is remarkable for attachment to the mother, and for the dependent attitude. There is impatience of any demands upon them for effort or self-denial. They are unable to adjust in a reasonable time or manner to altered circumstances; and are forgetful of others. They are characterised by easy self-pity, and sudden dangerous anger when goaded too far. Most of them pride themselves upon their essential superiority to the common herd, "more sensitive, more refined, more delicate."

CASE	MARITAL				BEHAVIOUR.
NO.	SEX.	AGE.	COND.		
62	m.	20	S.		Irresponsible. Inefficient. Plays pranks and is dismissed for 'capering'. Affectionate, but unhelpful. Easily influenced by undesirable company. Superstitious, unreliable, erratic. Sulks. Gambles. No real friends.
				Younger of 2.	
63	m	33	M.		Seclusive, reticent, inconsiderate: "Forget to think of other people." Resents claims for effort. Feels 'different' from other fellows. Efficient. Jealous. Looks for slights. Adjusts to new role with great difficulty.
				2 chn.	
				Youngest of 6.	
86	m	33	Sep.		Acceptable only to riff-raff. Police record 3 chn. house-breaking, theft, indecent offences. Bets, and drinks. Sells newspapers in street
				3 chn.	
				Younger of 2.	Wife deserted him. Is denied access to 2 chn. Easy anger, easy weeping. Moron.
70	m.	42	S.		Has initiative and business ability. Self-centred, vain. Concerned about his own welfare. Self-pity when ill-luck touches him. Anger and resentment when vulnerable.
				Youngest of 3.	
					Plenty of exercise. Worked long hours, and dwelt on his loneliness, business difficulties, and possible health disturbance.
27	m.	59	S.		"Different" all my life. Vain, dependent, and very attached to mother and to one sister. Very concerned about his own welfare. Not practical. Will not face facts. Self-pity.
				Youngest of 8	
					Acquaintances, but not friends. Cannot manage altered programme. "What would my sister say if she knew how I had been worried?"

DESCRIPTION OF THE GROUP OF YOUNGEST CHILDREN.

MARITAL

AGE. COND.

BEHAVIOUR.

- 32 S. Quiet, exact, conceited, extremely critical of noisy speech or laughter. Jealous of anyone claiming the mother's attention. Seclusive. Efficient, but not kindly. Resenting 'orders'. Greedy. Full of self-pity. Stay-at-home. Wants "no one but mother". No friends.
- unger of 2.
- 29 S. Resents all claims upon her. Vain, full of self-pity at restricted means. Homosexual trend. Snobbish and lazy. Complaining, greedy, envious. Hated invalid father and harassed sister whose need of assistance she ignores. Has made no friends. Can be lively when there is an audience to impress.
- unger of 5
- 29 M. Envious, snobbish, apprehensive of ridicule and discovery of her numerous pretences. Energetic when well. Has no friends. People soon 'drop' her. Fears debt, and fears rivals. Jealous of any claims upon her husband. Over-sexed. Self-pity prominent.
- 0 chn.
- unger of 11.
- 28 M. Dreads effort, and responsibility. Apprehensive as to her own welfare. Confused in mind. Self-reproachful re marriage; self-pitying because inadequate to task. Hopeless dwelling on bad heredity. "Nervous and backward at school. Couldn't learn." "I mean well." Quiet.
- 4 chn.
- unger of 5.
- 38 S. Voluble, impulsive, erratic, unaccountable. Likes finery and solicits compliment and reassurance. Bizarre statements. Easily seduced. Suggestible. Distractible in the extreme. Inappropriate responses. Poor grasp of ordinary rules of conduct. Unemployable.
- unger of 3.
- 43 M. Timid, dependent, craving reassurance and evidence of "luck" and security. Morbid anger when increased effort necessary. Pronounced self-pity when illness, however slight, occurs. Exaggerated hatred of altered routine. Stay-at-home. Quiet. Easily depressed.
- 3 chn.
- 1 dead.
- unger of 3.
- 52 S. Unsure of herself. Likes compliment. Vain. Easily imposed on. Dislikes responsibility, and fears all fatiguing tasks. Morbid anger develops when events disappoint her. No resources for amusing herself. Full of self-pity at her starved love-life.
- unger of 7.
- 55 S. Dependent, non-self-supporting. Constantly made to feel her inefficiency. Sociable, insecure, willing to fetch and carry. Likes finery and 'presents'. Emotional and easily angered.
- unger of 2

SECTION II---B---xv

Housing in the Suicidal Group.

Male Female

Those living in their parents' home.

10

2

" " with a married sibling.

3

4

" " " an unmarried sibling.

0

1

" " alone, subsequent to divorce, etc.

0

0

" boarding.

0

0

" living with a partner.

1

1

" " at home, with husband or wife.

14

14

" " at home, with husband or wife.

1

1

" " with married children.

5

0

" " in Employer's home.

4

1

" " in lodging, transient.

1

1

CONDITIONS OF HOUSING IN THE SUICIDAL GROUP.

OCCUPYING A SINGLE ROOM.	LIVING IN ROOMY HOUSE.	LIVING IN A FULL HOUSE.	LIVING IN A CROWDED HOUSE.	IN AN OVER- CROWDED HOUSE.
Male Fem.	Male Fem.	Male Fem.	Male Fem.	Male Fem.
8 6	4 6	10 15	11 9	4 4

Note that 28 cases were living under crowded conditions, apart from those living in lodgings. Of those sharing a room, two were quite comfortable. Of those occupying a single room, 7 were quite comfortable. There were 15 others in these two groups whose living conditions left much to be desired.

A total of 43 out of 87 cases were living in a crowded or comfort-less fashion. 32 were dependent upon others, a number of this group finding such dependency either wounding, or irksome, according as they preferred to pay their way or became impatient when gratification of whims rested upon the goodwill of another.

In the following pages are listed the residences of the several cases. They are grouped as follows:

	Male	Female
Those living in their parents' home.	10	9
" " with a married sibling.	2	4
" " " an unmarried sibling.	0	3
" " alone, subsequent to bereavement.	2	0
" boarding, " " "	4	0
" living with a paramour.	1	1
" " at home, with husband or wife.	11	14
" " apart from husband or wife.	1	4
" " with married children.	4	0
" " in Employer's home.	4	3
" " in lodgings, penniless.	3	3

2 Males, 1 on the staff of a hospital and the other temporarily at home after discharge from Army are not listed.

PLACE OF RESIDENCE AS A FACTOR INFLUENCING SUICIDE.

LIVING IN PARENTS' HOME.

MARITAL				SIGNIFICANT FACTS.
SEX.	AGE.	COND.		
m.	45	S.		Mother, 80. Father died, 1918. Married siblings keep him. Times are hard in village. Touchy, seclusive. Has held no post long, since the war. Argumentative.
m.	34	Separ.		Father, 72, very delicate. Mother died, 4 years ago. House in muddle. Wife and child on same stair ignore him. Drinking heavily. Leg-iron since war. No comfort
m.	35	S.		Mother, 70, poor health, exacting. Father dead. Since war, memories hindered sleep. In Bangour 4 years ago. Unemployed, dislikes house duties. Siblings have won
f.	42	S.		Mother 74 years, invalid. Father died, 1900. Younger brother, engaged, in home. Efficient, industrious, dominating. Hates mother. "I get it (insanity) from her.
f.	52	S.		Mother 88, blind, senile. Father died, 15 years ago. Resents need for constant care of mother. Alone with her. Ill-health since menopause, at 40.
f.	38	S.		Both parents living, about 70. Married sister keeps boarders. Case is an imbecile (Mongolian), whose advances to strangers, have led to undesirable intimacy.
m.	35	S.		Parents in late sixties. Comfortable home. "Whys and don'ts all my life" because of serious haemophilia. Crippled, hand and foot. Given up post.
f.	28	S.		Parents in fifties. Mother emphasises need to earn. Patient shirks tasks in home, and seeks to avoid all outside responsibility. Constant faultfinding.
m.	23	S.		Father's suicide, 1½ yrs. ago. Pt. identified him. Mother sorry he threw up employment for fancied slights. Sweetheart also upset. Still unemployed.
f.	20	S.		Mother awaiting confinement in hospital. Father unemployed, returned soldier. Dismissed for theft, she wanted money to leave town, took sister's wages
m.	20	S.		Father died 6 mths. ago. Mother delicate, v. deaf. Married sister same to live with them. Expecting confinement. Pt. gambled with his dole money.
m.	21	S.		Parents have hard struggle to keep family. Patient unemployable, and useless in house. Discharged from Army as incompetent. Thieving and under charge.
f.	18	Sep.		Parents struggling to pay their way, large family. Patient wayward, indolent, has tantrums. Turned out by mother-in-law, with husband's consent.
m.	16	S.		Father paranoid, dyspeptic, cantankerous in home. Mother timid, delicate. Poverty. Boy nagged at. Is sullen. Gambled at dogs with wages. "Fed-up."
f.	15	S.		Parents inconsistent in discipline. Mother shields patient. Sister of 25 works hard. Brothers hard at it. Criticise Pat. as selfish and spoilt.

PLACE OF RESIDENCE AS A FACTOR INFLUENCING SUICIDE.

LIVING IN PARENTS' HOME.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
f.	16	S.	Father paralysed. Pat. detests him, and shirks any duties towards him. Step-mother, well-disposed, finds the girl deceitful and wayward. Used home money to pay lodgings when supposed to be in service.
house.	Full.		
m.	15	S.	Father eccentric. Step-mother, kindly but worried. 2 elder sisters, 3 younger step-brothers in home. Pat. mentally defective, and schizophrenic.
house.	Full.		
m.	19	S.	Father home in week-ends only. Mother provides ver comfortable home. Is indulgent. 5 sisters in home, 4 being older. Pat. waited on; is selfish. Gave up pos
house.			
f.	23	S.	Very indulged. Discharged that day from Nerve Hosp.

LIVING WITH MARRIED SIBLING.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
f.	32	S.	Dislikes sister's husband, "boisterous". Does not hel with the two chn. Widowed mother also lives with sister. Pat. worked at home for factory. Gave up wor
crowded.			
f.	53	S.	Nursed blind mother till her death at 90, two years ago. Discharged from posts because of depressed tal Lived with married brother, over anxious to help. Grieved at dispersal of Mother's belongings.
Full.			
f.	55	S.	Parents dead. Pat. an imbecile. Lived with married sister. Used to fetch and carry for invalid. Was teased because she thought he left her money.
m.	29	S.	Left parents' home because father called him mean inconsiderate and selfish. Married sister with 2 chn. accommodated him. "Looked for slights, solitary."
Full.			
f.	29	S.	"Wrong parent died", father is bedridden, 72, senile. Married sister has 3 restless chn. Pat. selfish, will not help in home. Gets only casual employment.
Crowded.			
m.	23	S.	Married sister has pat. and a sister to house. There is a baby of 6 mths. Parents died several years ago Pat. dwells on his health. Gave up his post. Anxious.
ver-crowded.			

ING WITH UNMARRIED SIBLING.

Age.	Marital Cond.	Significant facts.
47	S.	Single brother, unemployable since war, lives with her Parents died in 1913 and 1917. Third child insane Menopause at 40. Diabetic since 42. Recent salary cut.

PLACE OF RESIDENCE AS A FACTOR INFLUENCING SUICIDE.

LIVING WITH UNMARRIED SIBLING.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
f.	37	S.	Father's death left her dependent upon sister. Legacy from uncle to this sister, none to pat. Pat. had had the running of father's flat. Now, sister was at head
f.	34	S.	2 sisters employed at Blind school. Pat. dependent upon them, save for compensation paid for her mutilated right hand. Not consulted about arrangements.

LIVING ALONE SUBSEQUENT TO BEREAVEMENT.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
m.	42	S.	Had lived with 2 older unmarried sisters, until one died after an operation. The other became depressed, and he reproached himself for permitting certification. Lived uncomfortably at back of shop
m.	44	W.	Grown-up daughter lives at work. He manages at back of shop. Sister relieves him for 2 hours daily. She dislikes him to return intoxicated. Uncomfortable.

LIVING SUBSEQUENT TO BEREAVEMENT.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
m.	59	S.	Father died 30 yrs. ago. Broke engagement to remain with widowed mother. She lived to be 84. Very comfortable home. Boarded comfortably afterwards till a year ago. Landlady died. New one does not know his ways.
m.	60	S.	Lived very comfortably with mother and widowed sister, till his mother died, a year ago. Lived mostly in hotels since. Lonely, and drinks heavily.
m.	46	S.	Lost both parents two years ago. Had been carefully tended till then. Delicate sister was good to him till he offended her. Now, has to live with strangers and feels he cannot manage the cholestomy tube.
m.	54	S.	Parents lived apart. He remained with insane mother. After her death, lived with married brother, but did not fit in. Think landlady wants to raise board.

LIVING WITH PARAMOUR.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
f.	31	sep.	Living with Commercial Traveller. Drinking heavily. 4 police convictions, prostitution. Not stinted.

PLACE OF RESIDENCE AS A FACTOR INFLUENCING SUICIDE.

LIVING WITH PARAMOUR.

MARITAL		COND.	SIGNIFICANT FACTS.
No.	SEX.AGE.		
m.	31	S.	2nd child only 3 mths.old. Father had been released after 5 mths.imprisonment,several weeks earlier.No dole money permitted.Got money to drink with.Hence quarrel proceeding. Paramour had not money for bare necessities.

LIVING AT HOME. HUSBAND OR WIFE LIVING.

MARITAL		COND.	SIGNIFICANT FACTS.
SEX.AGE.			
f.	62	M. 1 ch.	Home comfortable,and well provided.Pat.has dread of debt,and any decrease of her weekly money sends her into acute anxiety.Hence opposition to son's marriage. "Spoilt his life".Illness resented as an attack upon her hope of 'managing'.
f.	62	M. 1 ch. away.	Home comfortable,but lonely.Only child married with one baby. Until baby came,daughter returned each day.Cannot do this now.Husband a stoker,has night shifts and afternoon shifts leaving pat. quite alone,after her workday is finished.Deluded.
m.	54	M. 3 chn. 2 away.	Home atmosphere ruined by pat. Inconsiderate,un-kind.Live in furnished rooms,and the married son lives with them. No money coming in,because he has ruined business by constant drunkenness.
m.	70	M. 0 chn.	Moderately comfortable home.Wife very good to him Pat.strange in manner,"sure he is not wanted,"for some time. Little money.Previous breakdowns.
f.	45	M. 2 chn. 1 away.	Home well provided. Husband good to her.Happy until ignored by daughter,whose marriage she resented. Recent influenza,plus the 'don't wish ^{him} to marry at 19,when he is in delicate health' have left her seriously depressed.
f.	48	M. 8 chn. 2 away.	Home embarrassed by shortage of funds. Lodger harassed her by exacting return of loan. Overtired and undernourished.
m.	48	M. 1 ch.	Home comfortable.Daughter earning. Pat.has been under medical care for nervous disorder for some time,the condition growing worse after influenza.
f.	43	M. 3 chn. 1 dead.	Home well provided.Aunt assisting with duties.Too frequent recourse to brandy. Husband depressed but not incapacitated.

PLACE OF RESIDENCE AS A FACTOR INFLUENCING SUICIDE.

X. AGE.	MARITAL COND.	LIVING AT HOME. SIGNIFICANT FACTS.	HUSBAND OR WIFE LIVING.
45	M. 5 chn. 2 away.	Home well-furnished, roomy. Much of expenditure made possible by wife's earnings. He resented her absence at meal times; no complaint re provision. Had £1 weekly for spending money. Exacting disposition. Neglecting duties.	
42	M. 3 chn.	Home comfortable, but money tight. Pat. on sick leave with phobia re syphilis. In poor health for 12 years. Wife considerate.	
41	M. 3 chn.	Home stinted. Pat. had fear of spending. Wife discontented. Children regarded as "an expense" by pat.	
30	M. 1 ch.	Home well-provided, comfortable. On regular pay. Pat. jealous of man across the way, working in full view of his wife all day long. Change of abode not practicable.	
42	M. 2 chn.	Husband a good provider, but pat. ill for a long time and unable to make things comfortable for him and the chn. Had already changed houses once to please her.	
39	M. 6 chn. 1 away.	Unemployed for 2 years. Wife ill, menopause being induced. 3 chn. too young for school. Pat. doing nearly all housework. Uncomfortable. Short commons.	
33	M. 2 chn.	Comfortable home. "Taxed out of existence". Wife good to him. Is not expected to assist in home, except to take the chn. for an airing. Paraphrenia.	
30	M. 4 chn. 1 away.	Appalling room for home, in condemned building. Has endured it for 6 years. Dark, damp, and ruinous condition. Husband only temporarily employed. Not a good provider. 10 pregnancies. 4 survive. Maria nearly killed by fall of ceiling. Was in hospital for 6 mths. Ill and resentful.	
28	M. 1 ch.	Comfortable home. Well-provided. Husband in steady employment, fond of her. Rather lonely life, as husband's hours keep him away from home in afternoon and evening. Not strong since mastoid operation.	
29	M. 4 chn.	Home in complete muddle. Husband does his best to help. Comes home in middle of afternoon to assist her, while off duty. Eldest child, mute. Baby 10 weeks old taken from her, as she was incapable of caring for it. Recurrent depression.	
28	M. 0 chn.	Husband provides liberally, but drinks at home and wishes her to take drink. She is terrified of effect upon her because of family history. Hates the house. "Too big for them". Previous occupant attempted suicide.	
21	M. 1 ch.	Husband's salary mortgaged for three months to come. Bad spender. Constant worry about the next meal. Is pregnant, and unhappy about it. Violent temper.	
23	S.	-----	

PLACE OF RESIDENCE AS A FACTOR IN SUICIDE.

LIVING APART FROM HUSBAND OR WIFE.

MARITAL

SEX.	AGE.	COND.	SIGNIFICANT CIRCUMSTANCES.
m.	33	Sep. 3 chn.	Is boarding with aged father. (Wife is living nearby with another man.) Is uncomfortable. Her sister cares for one child. The other two have been boarded out by the authorities, and he is denied access to them. (Court record, and drinking.)
f.	38	Sep. 1 ch.	Moderately comfortable home. Erratic worker. Child is now 17. Pat. drinks heavily.
f.	37	Sep. 1 ch.	Living in mother's rooms, latter being with daughter. Very worried about debts, and the next meal. Only 14/- weekly for two of them. Girl of 15, the only survivor of 9 births. Husband deserted her 6 months ago. "Everlasting tea and bread and butter."
f.	30	Sep. 2 chn.	In lodgings. Denied access to chn. Loose habits. Precarious earnings, lonely. Depressed.
f.	30	Sep. 1 ch.	In lodgings. Precarious earnings. Immoral, and constantly drunk. Previous attempt, 4 mths. ago. Said to be suffering from melancholia. Lonely and uncomfortable. Ch. with grandmother. Access denied.

LIVING WITH MARRIED CHILDREN.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
m.	70	W. 8 chn.	Living with married daughter. On old age pension. Chn. very fond of father. Report depression over past year, with insomnia. Mother died some years ago; had had 19 chn., of whom 8 survive.
m.	67	W. 1 ch.	Lives with married son. Very good to him. Insomnia and complete deafness with depression.
m.	67	W. 1 ch.	Lives with married daughter, since losing his wife four months ago. Depressed, suffering from severe head pains. Feels himself a burden.
m.	51	W. 3 ch. in 2 away.	Lives in room next to married son, getting his meals there. Widower for 15 years, lost 4 chn. Is depressed and has given up hobbies. Drank heavily. Is worried about 2nd mastoid operation. Not comfortable.

MOTIVATION OF ATTEMPTED SUICIDE.

AGE OF RESIDENCE AS A FACTOR INFLUENCING SUICIDE.

AT EMPLOYER'S HOME.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
M.	53	S.	Kitchen-porter at hotel. Shares the tool-shed with the Boots; leaky roof, concrete floor. Injured leg (war) causes him to find heavy work for long hours, excessively tiring. No privacy. Plenty of food but no comfort. Irritated by chatter of hotel maids.
f.	27	S.	Housemaid in comfortable home. Irritated by comments of cook re her oversights. In serious mental condition. Parents separated, home broken up.
f.	21	S.	Polish immigrant. Maid in Institution, pleasant conditions. (6 months at post.) Parents in country mother does not speak English though in Scotland 17 years. Hot tempered, irritable girl.
f.	20	S.	In position for over 2 years. Recently there has been an amalgamation with mother's household; and pat. has had too many mistresses. Always moody. Abandoned her illegitimate child, and has never enquired after it. Incest seemed v. probable. Act occurred when her notice to leave expired.
f.	19	S.	In good situation, 2 months. Found herself inattentive, owing to toothache. Flighty disposition. Act occurred the morning after she had been given notice, because of misconducting herself and returning at unsuitable hour.
m.	46	W. O chn.	In good situation, 2 years. Often unfit for duty after drinking bout. Given several chances. Began to annoy clients. Act occurred when final notice expired. Out of touch with siblings. Lonely.
f.	42	M. O chn.	In very pleasant situation, but very harassed by husband's mismanagement of money matters. Onset of menopause. Delusions. Gave up post voluntarily, but attempted suicide on returning to husband.
m.	18	S.	In denominational home, unemployable, mentally defective. Act occurred after scolding for lateness at meals.
m.	31	M. 4 chn.	Released from gaol the previous day, after serving 5 months. Wife had taken paramour in his absence and did not want him back. Home excessively dirty and squalid, and chn. very neglected. 6-year old asked him, "Are you a burglar, Dad? They said so at school." Had been ill in gaol.

PLACE OF RESIDENCE AS A FACTOR INFLUENCING SUICIDE.

LIVING IN LODGINGS, PENNILESS.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
m.	56	M.	Very comfortable home, but wife has the purse. Her children resent his wasteful spending on drink. Recently left home. Misses comforts, owes money, and his wife feels bitter about his leaving home.
f.	53	Sep.	Stripped home for drink. Family deserted him, 5 years ago. Will not have him with them again. Is helpless in lodgings. No conveniences. Cannot spend dole wisely.
f.	23	Sep.	Inefficient manager. Deserted home after continual faultfinding. Cannot earn her living. Cold, hungry, lonely for her children. Afraid to return.
f.	26	S.	Kindly employer died. Had saved nothing. Aunt wished her to be self-reliant. She took a room, but had no money left. Stayed out for 3 days and nights in winter. Hungry, cold, and afraid. Schizophrenic. Orphan.
f.	24	S.	Is from Sutherland. Unemployed for 6 weeks, staved off payment for lodgings by speaking of coming marriage. Landlady considerate. Marriage refused, by man.
m.	25	S.	Idle, 4 yrs.; off dole, 18 mths. Refused to enter workhouse. Uncongenial associates in lodging house. Is underfed and extremely uncomfortable. Suspicious.

LIVING IN OWN HOME. HUSBAND OR WIFE LIVING.

SEX.	AGE.	MARITAL COND.	SIGNIFICANT FACTS.
m.	69	M.	Wife has kept the home for 35 years. Is still at work but the last son died during the week, and her own health is bad. Pat. worried by her worry. Home uncomfortable when she cannot earn. Imbecile, lonely.
m.	72	M.	Comfortable home. Recently worried by daughter being paid off. Was himself retired some time ago. Money difficulty limited usual comforts.
f.	62	M.	Comfortable home. Daughter of 25 to do work. Husband very thoughtful. Both wished her to break herself of the habit of taking sedatives. Sedatives.
f.	60	M.	Crippled daughter to do work. Husband not in regular work. Money tight. Scolded for giving away what they could not afford. Imbecile. Drinking.
f.	51	M	Expected to mind house while daughter went to work. "Too much for me". Imbecile. Always been sheltered and indulged by husband. Daughter expects more from her.

MOTIVATION OF ATTEMPTED SUICIDE

GENERAL INTELLIGENCE IN THE ORIGINAL CASE.

INTELLIGENCE - SUMMARY.

"1"	"2"	"3"	"4"	"5"
45 - 74	75 - 84	85 - 94	95 - 104	105 - 114

SECTION II.-----B.---xvi

General Intelligence.

40 m.	7 m.	14 m.	11 m.	4 m.
41 m.			12 m.	5 m.
42 m.	10 m.	15 m.	13 m.	6 m.
43 m.	11 m.	16 m.	14 m.	7 m.
44 m.	12 m.	17 m.	15 m.	8 m.
45 m.	13 m.	18 m.	16 m.	9 m.
46 m.	14 m.	19 m.	17 m.	10 m.
47 m.	15 m.	20 m.	18 m.	11 m.
48 m.	16 m.	21 m.	19 m.	12 m.
49 m.	17 m.	22 m.	20 m.	13 m.
50 m.	18 m.	23 m.	21 m.	14 m.
51 m.	19 m.	24 m.	22 m.	15 m.
52 m.	20 m.	25 m.	23 m.	16 m.
53 m.	21 m.	26 m.	24 m.	17 m.
54 m.	22 m.	27 m.	25 m.	18 m.
55 m.	23 m.	28 m.	26 m.	19 m.
56 m.	24 m.	29 m.	27 m.	20 m.
57 m.	25 m.	30 m.	28 m.	21 m.
58 m.	26 m.	31 m.	29 m.	22 m.
59 m.	27 m.	32 m.	30 m.	23 m.
60 m.	28 m.	33 m.	31 m.	24 m.
61 m.	29 m.	34 m.	32 m.	25 m.
62 m.	30 m.	35 m.	33 m.	26 m.
63 m.	31 m.	36 m.	34 m.	27 m.
64 m.	32 m.	37 m.	35 m.	28 m.
65 m.	33 m.	38 m.	36 m.	29 m.
66 m.	34 m.	39 m.	37 m.	30 m.
67 m.	35 m.	40 m.	38 m.	31 m.
68 m.	36 m.	41 m.	39 m.	32 m.
69 m.	37 m.	42 m.	40 m.	33 m.
70 m.	38 m.	43 m.	41 m.	34 m.
71 m.	39 m.	44 m.	42 m.	35 m.
72 m.	40 m.	45 m.	43 m.	36 m.
73 m.	41 m.	46 m.	44 m.	37 m.
74 m.	42 m.	47 m.	45 m.	38 m.
75 m.	43 m.	48 m.	46 m.	39 m.
76 m.	44 m.	49 m.	47 m.	40 m.
77 m.	45 m.	50 m.	48 m.	41 m.
78 m.	46 m.	51 m.	49 m.	42 m.
79 m.	47 m.	52 m.	50 m.	43 m.
80 m.	48 m.	53 m.	51 m.	44 m.
81 m.	49 m.	54 m.	52 m.	45 m.
82 m.	50 m.	55 m.	53 m.	46 m.
83 m.	51 m.	56 m.	54 m.	47 m.
84 m.	52 m.	57 m.	55 m.	48 m.
85 m.	53 m.	58 m.	56 m.	49 m.
86 m.	54 m.	59 m.	57 m.	50 m.
87 m.	55 m.	60 m.	58 m.	51 m.
88 m.	56 m.	61 m.	59 m.	52 m.
89 m.	57 m.	62 m.	60 m.	53 m.
90 m.	58 m.	63 m.	61 m.	54 m.
91 m.	59 m.	64 m.	62 m.	55 m.
92 m.	60 m.	65 m.	63 m.	56 m.
93 m.	61 m.	66 m.	64 m.	57 m.
94 m.	62 m.	67 m.	65 m.	58 m.
95 m.	63 m.	68 m.	66 m.	59 m.
96 m.	64 m.	69 m.	67 m.	60 m.
97 m.	65 m.	70 m.	68 m.	61 m.
98 m.	66 m.	71 m.	69 m.	62 m.
99 m.	67 m.	72 m.	70 m.	63 m.
100 m.	68 m.	73 m.	71 m.	64 m.
101 m.	69 m.	74 m.	72 m.	65 m.
102 m.	70 m.	75 m.	73 m.	66 m.
103 m.	71 m.	76 m.	74 m.	67 m.
104 m.	72 m.	77 m.	75 m.	68 m.
105 m.	73 m.	78 m.	76 m.	69 m.
106 m.	74 m.	79 m.	77 m.	70 m.
107 m.	75 m.	80 m.	78 m.	71 m.
108 m.	76 m.	81 m.	79 m.	72 m.
109 m.	77 m.	82 m.	80 m.	73 m.
110 m.	78 m.	83 m.	81 m.	74 m.
111 m.	79 m.	84 m.	82 m.	75 m.
112 m.	80 m.	85 m.	83 m.	76 m.
113 m.	81 m.	86 m.	84 m.	77 m.
114 m.	82 m.	87 m.	85 m.	78 m.
115 m.	83 m.	88 m.	86 m.	79 m.
116 m.	84 m.	89 m.	87 m.	80 m.
117 m.	85 m.	90 m.	88 m.	81 m.
118 m.	86 m.	91 m.	89 m.	82 m.
119 m.	87 m.	92 m.	90 m.	83 m.
120 m.	88 m.	93 m.	91 m.	84 m.
121 m.	89 m.	94 m.	92 m.	85 m.
122 m.	90 m.	95 m.	93 m.	86 m.
123 m.	91 m.	96 m.	94 m.	87 m.
124 m.	92 m.	97 m.	95 m.	88 m.
125 m.	93 m.	98 m.	96 m.	89 m.
126 m.	94 m.	99 m.	97 m.	90 m.
127 m.	95 m.	100 m.	98 m.	91 m.
128 m.	96 m.		99 m.	92 m.
129 m.	97 m.		100 m.	93 m.
130 m.	98 m.			94 m.
131 m.	99 m.			95 m.
132 m.	100 m.			96 m.
133 m.				97 m.
134 m.				98 m.
135 m.				99 m.
136 m.				100 m.
137 m.				
138 m.				
139 m.				
140 m.				
141 m.				
142 m.				
143 m.				
144 m.				
145 m.				
146 m.				
147 m.				
148 m.				
149 m.				
150 m.				

GENERAL INTELLIGENCE IN THE SUICIDAL GROUP.

INTELLIGENCE -QUOTIENTS.

"E"	"D"	"C"	"B"	"A"	
65 - 74;	75 - 84;	85 - 94;	95 - 104;	Above 105.	
40 m.	3 m.	14 m.	11 m.	1 m.	
45 m.	25 m.	18 m.	13 m.	2 m.	
47 m.	62 m.	21 m.	19 m.	4 m.	
49 m.	69 m.	22 m.	27 m.	9 m.	
		24 m.	60 m.		
53 m.	16 f.	26 m.	70 m.	5 f.	
86 m.	20 f.	28 m.	71 m.	7 f.	
34 f.	29 f.	33 m.	78 m.	15 f.	
39 f.	36 f.	41 m.			
43 f.	37 f.	61 m.	6 f.		
44 f.	38 f.	63 m.	8 f.		
46 f.	42 f.	67 m.	12 f.		
48 f.	83 f.	72 m.			
50 f.	87 f.	73 m.			
51 f.		74 m.			
66 f.	13	77 m.			
75 f.		10 f.			
81 f.		17 f.			
		23 f.			
		30 f.			
		31 f.			
		32 f.			
		35 f.			
		64 f.			
		65 f.			
		68 f.			
		82 m.			
		84 m.			
		80 m.			
		76 f.			
6 men	4 men	19 men	8 men	4 men	TOTAL
11 women.	9 women.	11 women.	3 women.	3 women	44 men
					43 wom.
Bad	Poor	Fair	V.fair	Good	endowment.

9% of the men had good endowment, intellectually.

7% women

of the men had bad endowment; 40% of the women.

Cases seen at the Royal Infirmary were not remarkable for good sense or social efficiency. The specimen case-notes make clear how acceptable the individual was in social relationships, to what degree he could carry the ordinary duties of citizenship, supporting himself and keeping on the right side of the law. It is also of interest to gather together the results of the psychological examination of each case, and to glean from this survey some idea of the prominence of poor intellectual functioning and of subnormal power to pause and deliberate.

There were imbeciles of such low grade, that in spite of adequate opportunity and encouragement, they had never learned to read and write; had never been able to manage themselves or their affairs with ordinary prudence, had never been employable in any more complicated way than would be possible to a child of five or six; and had, in spite of prolonged and continuous family supervision and guidance, been in unfortunate social predicaments.

As might be expected from the mentality of these cases, the mode adopted was ineffective, and the attitude to the experience was childish in the extreme.

CASE 59: Female. Aged 55 years. Single. Can scrub floors, if supervised; and fetch and carry. Cannot be trusted to cook, do shopping, or attempt housekeeping. Suicidal attempt followed disappointment about a promised gift which did not materialise, and about which she was chaffed.

case 58. Female. Aged 48 years. Single. This individual has been treated like a child of six or seven. She is allowed to go simple messages; and as she is friendly a certain amount of care has been necessary to secure her safety from undesirable attentions. In spite of these precautions, the hairdresser misunderstood her childish queries as to whether he liked her, and finally became intimate with her. It was only when he was away on holiday and she expected the same behaviour from his assistant that her family learned of the matter. A lodger in the house had taken lysol when in trouble, and the matter was discussed in front of her. She therefore proceeded to hunt for lysol announcing her intention of "getting out of trouble" that way. When prevented, she expressed a wish to go out as usual. This was not allowed, and in an impulse of anger she ran at the closed window to get out any way. Her "helpfulness" in the house is more trouble than it is worth; and needless to say she has never been able to take a position.

case 79. Male. Married. Aged 69 years. This man, when 24, was doing unsatisfactory day labour. His family kept him, and shielded him as much as possible. Then a capable woman three years older than himself decided to marry him, and did so. She has kept him from that time on. He has never been able to give satisfaction to any employer. She employs him to wash dishes, "mind" the house, and fetch and carry. There have been 10 births, but only one survivor. Now that the wife is old and the son who earned a little has died, the patient has been rendered apprehensive by her constant worry about the future.

case 57. Female, aged 51 years. Married. Docile and affectionate as a child, but could not learn at school or at home. In spite of supervision, was dealt with immorally and was found to be pregnant. Marriage was arranged, and other children have been born. She has not been able to do housekeeping, purchasing, or sewing. Now that the children are grown, one girl does most of the housework. She desired to work in a laundry, however, and the mother was therefore left alone for some hours a day. She prattled about her attempt as if it were a quite ordinary topic. She asserts that she ought not to have been married, that she had to be, that she should not be left alone, and that she will do this again if they go out and leave her.

MOTIVATION OF ATTEMPTED SUICIDE.

There were additional cases of imbecility of less serious degree. These individuals had learned to read as well as the average seven-year old, could sign the name, and could deal with trifling sums of money for small purchases, though they were dependent upon others to calculate change. Not one of them has held a position for more than a month or two, and none has given satisfaction to an employer. They have not even been able to help satisfactorily at home, because they are blundering, lack energy and do nothing thoroughly. Hence they are constantly being grumbled at.

Case 55. Male. 18 years. Single. Educated in a school for mental defectives, he was unable to progress beyond the seven year level. At the institution he could chop wood, and would occasionally pick up papers and tidy the yard. Tried in numerous situations as handy boy, was always returned to the institution as completely unsatisfactory. Attempt was made after being called into tea rather peremptorily, as he had not obeyed previous calls.

Case 56. Female. 60 years. Married. Husband and crippled daughter manage the house. She cannot housekeep, and fritters money away if entrusted with it. Gossips in childish friendly fashion, and expects to have somewhat costly privileges. On this occasion he wished to be sent to Portsmouth to see a daughter who had broken her leg. The expense was not warranted. Can make a cup of tea, and wash up the dishes. Was never able to earn her living.

Case 52. Male. Single. 21 years old. Was educated in a special school, and has a sister seriously mentally defective. Has been tried in many simple posts chiefly because he is the eldest of seven children and the father's earning are precarious. Has never obtained any position for more than a week or two, usually only a week or few days. At home he is unhappy because his help in the house is so unsatisfactory that his mother constantly scolds and reproaches him with "taking from the younger ones". Outside the home he is acceptable only to the undesirable group, and has been before the Court several times for group stealing. This attempt preceded a visit to the Court. "Mother has gone back on."

Case 51. Female. Married and separated. Aged 31 years. This man was unemployable on leaving school, and was constantly in trouble at home. Noisy and indolent and reckless, she ran away from home when it was found that she was associating with some man. He married her, but left her after three months. She then made her way to the city and became a prostitute. There are 4 convictions against her for prostitution and 18 for brawling and drunkenness. Panhysterectomy was performed 5 years ago. The one child born out of wedlock died of pneumonia. She was believed at its death. The attempt was made in drink.

Case 54. Female. Married and separated. 23 years of age.

This girl was never sufficiently capable to help in the home or in the shop satisfactorily. She was friendly and gossiping and would fetch and carry. She could manage small purchases, and could make ready a meal in extravagant fashion. But she was quite unable to spend money to advantage, to arrange the house-programme, or to look after the children properly. Her husband became increasingly discontented, and finally told her to get out. She did not realise her limitations and attempted to get work. She did get a few days' work, but was soon in difficulties. She took lysol when hungry and wet, too afraid of the reception she would get if she returned to husband and children. Intelligence quotient, 56.

Defective individuals belonging to the moron class, with an intelligence quotient below 70, were able to read and write and calculate about as well as a ten-year old. If not hurried and if there were no departures from the routine to which they had become accustomed, they were quite able to carry out simple duties in the home or outside. Though able to spend money, the prudent outlay of income was beyond them. These individuals found it very difficult to defer action or to endure delay. Impulsive behaviour and passionate outbursts of temper occurred when obstacles or opposition were encountered.

Case. 39. Female. Aged 21 years. Married. This girl was unsatisfactory at school and was kept on in the only post she held for any length of time, out of consideration for her mother, personal friend of the employer. She was unreasonable, craved excitement, demanded finery beyond her means, frittered her wages away, stormed in temper if denied any thing, threatened to kill herself when remonstrated with about late hours. When found to be pregnant, a marriage was arranged. She cannot manage the housekeeping and the care of the baby, though she will do straightforward tasks when in a good mood. Has endangered the baby many times by angry tossing when he cried to get attention. Her intelligence quotient is about 65.

Case 48. Female. Aged 20. Single. This girl could not learn at school, and has not been able to keep her posts since. She has been employed recently about a hotel, and was dismissed for interfering. She was already on the police books and feared the result of the new lapse. She is of loose morals. She was unable to persuade the latest "boy" to marry her and so stave off the police enquiry, and her father was angry to find that she had persuaded her younger sister to give her her wages. Her mother is confined last Friday, and money is not too plentiful. Her idea was to escape from Edinburgh and so elude police enquiry. When thwarted, she drank some lysol in front of them all. Intelligence quotient 68.

Case 50. Female. Married and separated. 37 years old. This woman has an engaging merry way, but has always been wilful and imprudent. She married at 17 a known loafer, defying her parents who knew the man well. Defiant, reckless, but active and cheery, she held a position as waitress in a cheap cafe for some time. She lost posts through drunkenness and brawling, there being convictions against her. She has had 9 births, only one girl surviving. The husband has left her twice. Both are immoral.

MOTIVATION OF ATTEMPTED SUICIDE.

- Case 49. Male. Aged 15 years. In attendance at school for the mentally defective. Blunders at home and causes unnecessary expense by breakages. Quarrels at school and at home lead to violent behaviour which causes concern. Has been taught a good deal about hell fire and other forms of punishment by his father who is rather eccentric though a good provider for his family. Fear, anger and jealousy are constantly operative. Intelligence quotient, 68. Attempt ill-conceived. Schizophrenic.
- Case 44. Female. Single. 26 years. Unable to learn at school and easily flurried and bewildered. Uncertain temper with some violent behaviour. Industrious when given simple routine tasks and allowed to take her own time. Cannot save. Cannot fend for herself. Schizophrenic. Intelligence quotient, 63.
- Case 47. Male. 34 years. Married and separated. Cannot be trusted with any skilled work. "Minds the shop" and does some delivering of parcels. Is alcoholic and gambles at the "Dogs" if given any small change. He went with a girl who became pregnant. In spite of his lack of earning power her mother insisted on the marriage. The wife had been an upholsterer and soon got tired of living in a room beside his parents with no money save what they contrived to spare her. Finally she returned to her own mother, went back to work and keeps the child. The little girl is not allowed to speak to the patient, nor acknowledge him in any way. She lives on the same stair, so his humiliation is common knowledge. Intelligence quotient, 65. Indolent.
- Case 45. Male. 35. Single Has lost all posts, the last recently. This means assisting his mother in the house. His slapdash methods are always causing friction, and he dislikes "girls' work". He failed at school and has been in mental hospitals suffering from depression after influenza on two occasions. Intelligence Quotient, 68
- Case 69. Male, 31. Single. Has two illegitimate children. No regular means of support, but usually follows the gipsies. Has a police record for drunkenness and petty theft. Deserted from the army and was brought back on three occasions. Has a brother in Borstal. Is alcoholic and subject to depression. Could not learn at school. Intelligence quotient, 68.

GRADE OF INTELLIGENCE

Steps taken prior to the attempt to secure adequate care of case.

- "B" Home. "Selfish and willful" to family.
- "C" Home. "Wicked and dishonest" to family.
- "D" Home. Tendency to abuse.
- "E" Home. Disinclined for help in understanding herself.
- "F" Home. Lower mental.
- "G" Home. Dismissed for insanity.

SECTION II.---B.---xviii

Steps taken Prior to the Attempt

to secure

Adequate Care of the Patient.

	"B"	Family doctor: nervous breakdown.
	"C"	Home. Refused to acknowledge illness.
	"D"	Home. After childbirth again depressed.
Out threat	"E"	Home. Depressed by family. Lower mental.
Out.	"F"	Family doctor. Pregnancy. Kidney disease.
Drinking.	"G"	Home. Abuse. Quarrel. Paranoid delusions.
Out.	"H"	Home. Drunken quarrel. Precipitated.
Drinking.	"I"	Family doctor: anorexia, depression.
Out.	"J"	Home. Nervous breakdown. In hospital.
Out.	"K"	In various nursing homes for over 5 years.
Out.	"L"	Home. Mental quarrel. Precipitated.
Out.	"M"	Family doctor: impulsive behavior.
Out.	"N"	Family doctor: cancer. Drinking heavily.
Out threat.	"O"	Family doctor attending. Previous illness.
Out.	"P"	Home. Refused doctor. Advanced dementia.
Out.	"Q"	Home. Family attributed to real illness.
Out.	"R"	Family doctor: post-infectious depression.
Out.	"S"	Infantile psychosis: dementia, depression.
Out.	"T"	Family doctor: influenza, drinking.
Out.	"U"	Home. Anti-tuberc. Quarrel in progress.
Out.	"V"	Previous depression with threats. No care.
Out.	"W"	Home. Quarrel in progress.
Out.	"X"	Family doctor: previous mental illness.
Out.	"Y"	Home. Urge to escape not recognized.
Out.	"Z"	Family doctor: depression.
Out.	"AA"	Home. Delusions of persecution.
Out.	"AB"	Family doctor: insomnia and paranothia.

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MOTIVATION OF ATTEMPTED SUICIDE.
FEMALES ONLY.

5. METHOD.	GRADE OF INTELLIGENCE.	Steps taken prior to the attempt to secure adequate care of case.
Lysol.	"B"	None. "Selfish and wilful" to family.
Poison.	"C"	None. "Wayward and dishonest" to family.
Lysol.	"D"	None. Tantrums at home.
Lysol.	"C"	None. Dismissed for misconducting herself.
Lysol.	"D"	None. Lovers' quarrel.
Lysol.	"E"	None. Moody. Dismissed for insolence.
Lysol.	"E"	Treatment for gonorrhoea. In police hands.
Jumping.	"E"	None. Previous attempts in rage. Pregnant.
Lysol.	"F"	None. Destitute and inefficient.
Jumping.	"D"	Discharged that day from nerve hospital.
Lysol.	"D"	None. Ill-health. Refused marriage by lover.
Drowning.	"E"	None. Schizophrenia. Destitute.
Poison.	"E"	Family doctor: depression.
Poison.	"E"	None. Previous breakdowns. No recent care.
Gas.	"D"	None. Mastoid, 3 yrs. ago. Considered normal.
Lysol.	"C"	Family doctor, nursing home: depression.
Drowning.	"C"	None. Regarded as unreasonable, selfish.
Lysol.	"E"	Bangour, after childbirth. Again depressed.
Cut throat.	"D"	None. Disowned by family. Loose morals.
Gas.	"C"	Panel doctor. Pregnancy. Kidney disease.
Drowning.	"C"	Not known. Quarrel paramour. Drinking.
Lysol.	"E"	None. Drunken quarrel proceeding.
Drowning.	"B"	Family doctor: anaemia, depression.
Poison.	"C"	Previous breakdowns. Again depressed.
Poison.	"D"	In various nursing homes for over 2 years.
Poison.	"E"	None. Sordid quarrel proceeding.
Jumping.	"F"	Family doctor: impulsive behaviour.
Gas.	"E"	Family doctor: cancer. Drinking heavily.
Cut throat.	"A"	Family doctor attending. Previously insane.
Gas.	"E"	None. Refused doctor. Advanced phthisis.
Lysol.	"A"	None. Family attributed to real worries.
Gas.	"F"	Family doctor: post-influenzal depression.
Ether	"A"	Infirmity & treatment: diabetes, debusions.
Poison.	"D"	Family doctor: influenza, drinking.
Lysol.	"C"	None. Hot-temper. Quarrel in progress.
Lysol.	"B"	Previous depression with threats. No recent care.
Drowning.	"F"	Threats disregarded.
Lysol.	"F"	None. Quarrel in progress.
Lysol.	"D"	Family doctor: previous mental illness.
Lysol.	"F"	None. Uraemic seizures not recognised.
Lysol.	"C"	Family doctor: depression.
Poison.	"C"	None. delusions of persecutions.
Drowning.	"C"	Family doctor: insomnia and paraesthesia.

MOTIVATION OF ATTEMPTED SUICIDE.
MALES ONLY.

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AGE AND YEARS.	METHOD.	GRADE OF INTELLIGENCE.	Steps taken prior to the attempt to secure adequate care of case.
15	Cutting.	"E"	Found mentally defective & Schizophrenic.
16	Poison	"C"	None. Deemed incorrigible by family.
18	Hanging.	"F"	In institution for unemployable lads.
19	Gas.	"C"	Family doctor, weekly. Depression.
20	Lysol	"C"	Testicle remd. recently. Army discharge.
20	Poison.	"D"	None. Thought selfish and wayward.
20	Lysol	"F."	None. In police hands. Unemployable.
23	Poison.	"D"	Sick-leave, "neurasthenia" a month ago
23	Lysol	"B"	4 months since last attempt. No care
25	Lysol.	"B"	Infirmery re physical cond. since.
29	Cut throat.	"D"	Sick-leave, "neurasthenia" fortnight ago.
29	Poison.	"A"	Employed at Hospital. Epileptic.
29	Gas	"C"	None. Regarded as perfectly normal.
31	Lysol	"C"	Prison doctor. 5 months. Phthisis.
31	Poison.	"D"	Prison doctor, month ago. "Malingering".
34	Lysol.	"E"	Refused doctor. Drinking heavily.
34	Gas.	"C"	Saw doctor re "dizzy turns" 6 mths. ago.
33	Gas	"E"	None. Drinking heavily. Police record.
35	Lysol	"E"	Bangour, 3 yrs. ago. Depressed again now
35	Cut throat.	"C"	Family doctor: haemophilia; delusions.
39	Jumping.	"C"	Sick-leave, physical cond. Drink also.
41	Lysol	"B"	Constant med. care. Cholestomy. Depressed
41	Gas.	"C"	3 earlier breakdowns. Cerebral Syph.
42	Cut throat.	"C"	Sick-leave. Delusions.
43	Poison.	"B"	Family doctor sent him to nerve hosp.
44	Gas.	"B"	Asthma & Sciatica 6 mths. ago. Drinking.
45	Poison.	"A"	None. Family thought him normal.
45	Cut throat	"C"	None. Drinking. Reprimand at work.
46	Poison.	"C"	None. Drinking heavily. Dismissed.
48	Cut throat.	"C"	"Nervous debility" for months. Influenza
51	Lysol.	"E"	Infirmery re Meniere's disease. Depr.
53	Gas.	"A"	None. Disowned by family. Drunkard.
53	Cut throat.	"C"	Under doctor, cardiac disease, depressed.
54	Gas.	"B"	None. "Heartless drunkard" to family.
54	Gas	"B"	Previous breakdowns. No recent care.
56	Lysol	"C"	None. Constant drinking. 46 convictions
60	Gas	"A"	None. Hard drinker.
60	Poison.	"E"	Breakdowns since 1905. No recent care.
67	Poison.	"C"	None. Depression attrib ^d to grief.
69	Cut head.	"F"	3 attempts this week. No adequate care
70	Cut throat.	"C"	Family doctor: severe depression.
70	Cut throat.	"C"	3 earlier breakdowns. No recent care.
72	Cut throat.	"B"	Family doctor: depression.
78	Gas.	"C"	Family doctor: depression.

Cases known to be under care for mental dis- order, prior to attempt.	Cases placed in hospital for nervous disor- ders, subsequently.		Cases sent back to community without spec- ial care.		Cases who behaved strangely prior to attempt.		Cases whose behaviour was wilful or unwise previously.	
-----	++++-----		-----		-----		-----	
ss. Females.	Males.	Females.	Males.	Females	Males.	Fem.	Males.	Fem.
5	1	5	3	8	1	5	2	6
16	9	6	4	17	3	12	4	7
20	11	7	14	29	13	15	9	8
34	18	10	19	36	18	20	11	10
39	45	12	21	38	22	31	14	16
57	49	15	22	42	27	39	19	17
66	63	16	24	46	49	44	21	23
23	70	20	25	48	53	57	25	30
31	84	23	27	50	55	64	26	32
32		31	28	51	82	65	29	35
37		32	40	56	63	58	33	36
44		34	41	59	79	87	45	37
		35	47	65	80		47	38
		37	52	68	84		49	42
		57	60	75	87		52	46
		64	61	76			60	48
	Cases placed		62	85	Cases ill,		61	50
	in hospitals		67	87	unable to		62	51
	for less		69		work.		63	54
23	serious disor-		71		11	6	69	56
31	ders of mind.		72		22	12	70	57
43			73		33	29	71	59
46	2	30	77		40	32	74	66
85	26	39	78		9	48	80	75
65	55	44	79		18	15	86	76
20	80	54	82		67	35		81
12		58	86		72	43		85
		66			78	50		83
		81	Cases old,		82	56		87
		83	unable to work		84	85		
			13	23				
			24	65				
			73					
			79					
			67					
			21					

SECTION II.---C.

Performances with Standard Tests.

Significance and Limitations.

MOTIVATION OF CASES OF ATTEMPTED SUICIDE.

DUCTION.

Criticism of statistical investigation of the nature, the
ence, and the motivation of the suicidal act is very common
is indeed well-founded.

It is impossible, after the event, to conduct adequate
ry, since the only competent witness cannot be heard. Moreover,
is unsafe to conclude that the number of cases labelled suicide
comprehensive. Officials desire to give the benefit of the
t wherever attendant circumstances permit the surmise that
dental death occurred. Relatives and friends are humanly
erned to protect the memory of the deceased from any derogatory
sion.

It is evident that tabulations are only approximations.
are inexact because incomplete. There is no assurance that
are not inexact also because they include deaths mistakenly
ribed as suicidal.

Certain of these criticisms apply also to figures purporting
present an analysis of unsuccessful attempts at suicide. The
competent witness is, however, accessible.

Provided that we group for study only cases admitting the
ty of the attempt, we are face to face with genuine material.
cope of the enquiry will, even now, be strictly limited, for
tory told needs strict confirmation. Checks upon veracity
airly reliable when it is a matter of the method adopted, the
of the attempt, sex, age, marital condition, financial status,
o forth. But psychological analysis of the nature of the act
is genuine cooperation from the individual whose attempt has
d. The psychologist has to recognise and appraise information
ted by the tendency to colour an account in order to secure
lf against unpleasant police supervision or custody, to win
thetic hearing from the investigator, to secure relief from

most grievous of his disabilities or responsibilities, to believe his own mind of the reproach of cowardice or misdemeanour, keep veiled any unflattering failing, any undiscovered baseness or crime, to form a bearable self-picture; in a word, to secure himself from disapproval from without or within.

Insofar as we tabulate the data susceptible of objective verification supplied by those recovering from attempts to end their own lives, we are entitled to draw inferences that may help us to understand the external setting; provided that we make perfectly clear just what the group is which furnishes the data and do not claim wider applicability than is justified.

Each investigation of the nature of the act is highly specialised, highly individual. Tabulation of motives is completely unscientific. The manifoldness of the inner and outer stresses conditioning a given attempt precludes such simplification of analysis. Moreover, stresses vary from moment to moment in the individual, and it is impossible to ascertain relative potency or to determine the final impetus.

Though the man in the street may have some justification for his opinion that loss of social status, wounded self-esteem, deprivation of congenial companionship, or intolerance of pain has been a determining factor in given cases, yet no attempt was studied was found attributable to any one motive, nor even to several. Every case was over-determined. Part II of this thesis supplies analyses which make this clear.

Because there are pitfalls in the path of the psychological investigator, it does not follow that these may not be avoided.

One aid to avoidance of existing pitfalls was the establishment of rapport with each case while in hospital. It was necessary to convince each patient that information was sought because he was regarded as recovering from an illness. To secure him from recurrence of mental illhealth, he should give the enquirer all relevant data, however disagreeable or difficult he might find the process. He was assured that his admissions were strictly confid

tial, and would in no case be communicated to the police. His operation would in fact help to secure him against whatever he found most intolerable in his situation.

In order to evaluate his introspection, it was necessary to know his level of intelligence, the outstanding traits of his disposition, his school and vocational record, his recreation and hobbies, his relationships with other people, particularly those with whom he lived on intimate terms.

Until he evinced real confidence that his welfare was being considered, he was not asked for the address of his relatives, his employers, or school authorities. It seemed to be almost at his own suggestion that enquiries were addressed to those who knew of his early life and behaviour, and those who were cognisant of more recent happenings and relationships.

Some of the data so obtained could be discussed with him subsequently. Some of those interviewed could help to modify conditions in a way favorable to better adjustment.

Such aid indeed justified the demands made upon each patient, since improved attitude toward life came with the more finite insight which developed as each factor came under review. At times, there was marked gratitude to the listener. Some individuals who had been deprived by circumstances or by their own lack of sympathetic companionship found in this review new stability, new unity, and a new goal. What they "couldn't think of" at the time of the suicidal attempt was now able to enter awareness and influence his readiness for subsequent adjustment. Then, the kindness of doctor and nurses, the attempts of other agencies-- whether in their own circle or outside it-- to be helpful in moulding a more tolerable future, confirmed the results of analysis.

These patients did not belong to the group certified as insane by the examining psychiatrist, before the termination of the hospital period. Yet, where mental ill-health was so pronounced as to necessitate removal to a Mental Hospital as soon as the physical

Injury was repaired, there was often a degree of insight which permitted cooperation and promised well for therapeutic measures. Nevertheless, there were those so seriously deranged that real contact could not be established. There were also those, not confused, and not certifiable, but of paranoid type, so ingrained with suspicion, so habituated to reserve and evasion that no reliance could be placed upon their story. Only in one case was there refusal to perform the intelligence tests, and challenge of the right of the investigator to enquire into their personal affairs. His attitude seemed to be dictated by a rather officious 'friend', since it had not been in evidence prior to his visit. It was not considered judicious to combat his influence, and analysis was in this case discontinued. The man in question was of good endowment, a hard drinker, but not unbefriended. In the opening interviews he had had opportunity to recall much that had bearing upon his drunken act, and the hospital period provided a useful interval in which to reflect upon his general code.

It is not without value to employ a wide variety of standardised tests to supplement interviews and other methods of investigation.

However much we may discover about a man's situation, about his health, his hopes and fears, his social, financial, and ethical standing, his self-regard, and his regard for others, by what he has to tell us of his attitude towards the people he has to do with, towards the responsibilities he has to shoulder, and by what others tell us of their attitude towards him and their opinion of his disposition and difficulties, we are still hard put to it to appraise his grasp of the situation.

Is he behaving as the average person would? Is his lot such that it is only to be expected that he would do his best to lead his life summarily?

Apart from the fact that our affections are not engaged, our sense of guilt not active, our sense of inadequacy not aroused by the circumstances he narrates, we are apt to grapple in imagination with the obstacles described, in the manner possible to individuals of average prudence and poise. Should this mental treatment leave us easy victors, we are apt to feel impatient and irritated with one who seems to have grossly over-estimated his misfortunes and to have reacted in absurdly exaggerated fashion. Should our imaginings lead to an impasse, we are apt to credit the individual with having done all that man could do, giving in only when he had reached the limit of endurance.

Yet the assumption that the suicidal attempt was an exaggerated response or an understandable reaction is fallacious if only because we know nothing of how this individual compares with his fellows in understanding, in power to look ahead, to make sure of facts, to plan, to hold on to essentials, to suspend judgment, to go slowly, to feel the "rightness" of common sanctions, to be

attracted by the wholesome, and repelled by depravity and vice; nor do we know what energy he had at command; nor whether he desires to achieve, to merit, or merely to snatch and enjoy.

It is true that we cannot know his situation too thoroughly, but it is also true that we cannot know too much about his manysided nature, when it is a question of evaluating the motives which led to what was to have been a final act.

Once the man feels confident that we are interested in him as a person, that we are trying to appreciate his position and point of view, and to help him, it is not difficult to secure readiness to show what he can do with various tests.

So long as the tasks are easy at the outset, he will commence; so long as his performances are accepted as "quite all right" and he feels that he is making a respectable showing, he will do his best.

Where we are investigating perseverance and self-control, any lack of persistence or fear of effort must be noted without drawing the patient's attention to the fact, unless he frankly declares that he was "never one for work", that he "just can't stick it", has always been lackadaisical or impulsive. Such statements should be accepted in matter-of-fact fashion, and, following his lead, questions may be put as to whether comments of that kind had been made about him at home as well as at school and at work. We should then point out that such a disposition made it harder for him to do what others found quite easy, so that he may realise our desire to be quite fair to him, and continue his attempts or records.

Many of the tests employed are exceedingly well-known and thoroughly standardised. They were given carefully, at

a time when the patient was willing to cooperate; and they gave markedly consistent results.

Not one set of tests from the Binet-Simon Scale (Terman Revision), the Burt Reasoning test, the Porteous Mazes, the Woodworth-Wells Substitution test, the Kent-Rosanoff and Jung Association tests, the June Downey Temperament test, to well known Form-boards credited the group with average intelligence or poise.

This does not mean that none of those attempting suicide had average intelligence or poise. What it does mean is that the group contains a much larger number of persons of mediocre or inferior ability than would be found in a random sample of the population.

Moreover, it was found that language ability was considerably higher than ability to plan or to do. This result was so much in evidence throughout the testing that its definiteness is unmistakeable. Conversation on ordinary topics without checks upon accuracy, good sense or good judgment does not enable an investigator to appraise the "wisdom" or maturity of mind of individuals who happen to have fair facility in speech although they have serious handicaps which would decidedly limit social efficiency.

In the following table, beside the median credits gained by suicidal individuals in the tests most frequently employed, appear the credits earned in the Terman Vocabulary test by the several groups. This is perhaps the clearest way of demonstrating the disparity which exists.

MEDIAN CREDIT EARNED BY SUICIDAL INDIVIDUALS.

MALES.

FEMALES.

Test.No.	attempting.	Credit in years.	Median <u>Vocab</u> credit.	Name of test.	Number taking test.	Credit in years.	Median <u>Vocab</u> credit.
Simon Rev.)	35	13	15	Binet-Simon	38	10	13
ing test.	16	10½	14	Reasoning test	21	10	12
teous)	17	10	14	Mazes.	27	10	12
stitution.	12	10	16	Substitution.	15	10	14
(worth)							
Standards 1.	12	9	16	1. Moral Standards	12	9	13
Standards 2.	10	11½	15	2. " "	12	10	12
Formboard.	13	13	12	Healy Formbd.	13	12	12
Diagonals	10	11½	12	Kempf's Diag.	1	11½	12
r Designs. passes	17	(?) 9	14	10-year Designs Only 6 passes	23	(?) 8	12
ary test.	31	14		Vocabulary test	34	12	
mental age.	44 men	11 years.		Average mental age	43 w.	10½ years	

OTHER RESULTS FROM TESTS.

MALES.

FEMALES.

Downey control test. (en, 14 women)	5½ seconds per letter.	3 seconds per letter.
Rosanoff and Association. (en, 22 women)	2½ " <u>mean</u> time.	3 " , <u>mean</u> time.
"&"Fears" Record. (en, 23 women.)	"Likes" 42 / 49; "Fears" 39 / 51 <i>normal</i>	"Likes" 35 / 56; "Fears" 56 / 53. <i>normal</i>

PERFORMANCES.

42 of the first 87 cases were willing to record their *appendix g v.* "likes" and "fears", using the Western Australian adaptation of the Lessey X-0 test. The individual is asked to cross out all words which name what he would like to have, to do, to be, or to read out. The list furnished contains 125 words. He is then asked to cross out, on the second sheet, all words which name what he fears, dreads, or worries about. Again there are 125 stimulus words.

As the record usually takes from 15 to 20 minutes of close attention, it is obvious why a large number of those recovering from suicidal attempts could not cooperate sufficiently ^{well} to furnish decisions. Of the 42, two balked at the second part of the task, though they had volunteered to perform the test. One was a woman of 42 who has had paranoid traits for at least 20 years and was (after the recovery period from her attempt to cut her throat) transferred to a Mental Hospital. It was not her first attack of depression. As in her earlier illness, fear and suspicion were intensified; and it was an idea that she was "being inveigled into giving away important information" that prompted the baulking. The other was a woman of 37 whose conversation was constantly concerned with irremediable errors of long ago. "If only" was the incessant cry, and it was extremely difficult to direct her attention to present activities, and even more difficult to hold her interest when it had been gained.

Rather less than half of those with marked paranoid trend consented to make the record. Those seriously concerned for their own safety and well-being could attend only momentarily to matters quite apart from their especial preoccupation; and illiterate individuals, and those who had never learned to read as well as the average eight-year old, in spite of regular school attendance, were unable to attempt the task. One or two, not unduly apprehensive and not paranoid, were eager to pour out their troubles. This eagerness made them impatient of lengthy tasks, and their records were left incomplete.

The number of times each word was crossed out was counted. In this way it was ascertained which were rarely marked and which most often. These "critical" words appear in the following lists.

CRITICAL WORDS IN THE "LIKES" AND "FEARS" TEST.

"LIKES"MALES

MOST UNCOMMON.
 Palmistry
 Fortune telling
 Loafing
 Flirting
 Soda fountains
 Mowgli
 Galahad
 Raphael
 D'Artagnan
 Banquets
 Switch backs
 Hotels
 Fashions
 Deacons
 Revivals
 Crowds
 Society
 French
 Day dreaming
 Rich boys
 Ragtime
 Tennis
 Typewriting
 Machinists

COMMONEST.
 Singing
 Walking
 Babies
 Reading
 Country
 Icecream
 Clothes
 Cinemas
 Housekeeping
 Children
 Animals
 Musicians
 Games
 Books
 Magazines
 Dancing
 Sleeping
~~Swimming~~ Church
 Seaside
 Bands
 Beaches
 Eating
 Athletic girls
 Hymns

FEMALES.

MOST UNCOMMON.
 Revivals
 Deacons
 Typewriting
 Football
 Daydreaming
 Loafing
 Mowgli
 Raphael
 Hamlet
 College
 Beethoven
 Priests
 Banquets
 Rough boys
 Tarzan
 Switch backs
 Machinists
 Science
 Edison
 Debates
 Business
 French
 Galahad
 Mushrooms

42 SUICIDAL ADULTS : 19 MALES. 23 FEMALES.

COMMONEST "LIKES".

Sleeping
 Travelling
 Musicians
 Newspapers
 Seaside
 Sports
 Children
 Church
 Hymns
 Nurses
 Coffee
 Eating
 Doctor

UNCOMMONEST "LIKES".

Loafing
 Deacons
 Mowgli
 Typewriting
 Daydreaming
 Revivals
 Galahad
 Raphael
 Flirting
 Switch backs
 Banquets
 College
 Machinists
 Rich boys
 Palmistry
 French
 Beethoven
 D'Artagnan
 Hamlet
 Priests
 Tarzan
 Hotels
 Rough boys
 Crowds
 Chauffeurs
 Society

N.B. The lists are arranged in order of frequency from the most common downwards, and from the least common upwards.

Median number of "likes" recorded was 39, plus or minus 16.
 Median age of the group was 33 years, plus or minus 10 years.

MOTIVATION OF ATTEMPTED SUICIDE.

CRITICAL WORDS RECORDED IN THE "LIKES" AND "FEARS" TEST.

"FEARS".

MALES.

COMMONEST.	MOST UNCOMMON.
Unfairness	Atletics
Meanness	Employer
Loneliness	Wit
Worry	Jokes
Nervousness	Food
Jeer	Clothes
Faultfinding	Chums
Temper	Neighbours
Sn	Smoking
Art	Popularity
Headache	Society
Sn	Boys
Jease	Cats
Sickness	Dogs
Depression	Medicine
Nightmares	Religion
Sanity	Soul
Hysterics	God
Uses	Books
Discouragement	Friends
Wms	Girls
Tuberculosis	Dances
Sn	Morals
es	Teachers
ison	Business

FEMALES.

COMMONEST	MOST UNCOMMON.
Disease	God
Depression	Soul
Sickness	Marriage
Headache	Books
Nervousness	Jokes
Tuberculosis	Food
Insanity	Work
Temper	Popularity
Unfairness	Friends
Faultfinding	Girls
Sin	Boys
Dirt	Parties
Nightmares	Engagement
Accidents	Religion
Sneer	Wit
Meanness	Dogs
Worry	Employer
Pain	School
Discouragement	Clothes
Lies	Dances
Roughness	Money
Giggling	Teachers
Burglars	Reciting
Fainting	Business
Crying	Movies

42 SUICIDAL ADULTS : 19 Males. 23 Females.

COMMONEST "FEARS".

Unfairness	Tuberculosis
Jease	Sneer
Nervousness	Temper
Depression	Insanity
Headache	Nightmares
Sickness	Pain
Art	Loneliness
Sn	Discouragement
es	Hysterics
hanness	Germs
Worry	Burglars
Faultfinding	Ruin
	Accidents

MOST UNCOMMON "FEARS".

Jokes	Clothes
Wit	Dances
Books	Girls
Soul	Marriage
God	Chums
Popularity	Parties
Food	Society
Employer	Business
Friends	Teachers
Cats	Religion
Dogs	Athletics
Boys	Neighbours
	Family

Note that the lists are arranged in order of frequency, from the most common downwards, and from the least common upwards.

The median number of "Fears" recorded was 40, plus or minus 25.

MOTIVATION OF ATTEMPTED SUICIDE.

These lists differ considerably from similar lists compiled from performances of normal men and women. The most numerous divergences are found in words rarely recorded as "likes"; next come common "likes".

WORDS OCCURRING IN THE CRITICAL LIST. "UNCOMMON LIKES."

<u>SUICIDAL MEN</u>	<u>NORMAL MEN</u>	<u>SUICIDAL WOMEN.</u>	<u>NORMAL WOMEN.</u>
flirting	Arguing	Typewriting	Palmistry
sea fountains	Talkative girls	Football	Talkative girls
alabaster	Elocution	Daydreaming	Clerking
Artagnan	Housekeeping	Raphael	Cardparties
banquets	Nurses	Hamlet	Ragtime
society	Pageants	College	Chauffeurs
French	Clerking	Beethoven	Grocers
ragtime	Teaching	Tarzan	Musicians
tennis	Rough boys.	Science	Mushrooms
typewriting	Mushrooms	Edison	Salesmen
mechanists	Mustard		

WORDS OCCURRING IN THE CRITICAL LIST. "COMMONEST LIKES."

<u>SUICIDAL MEN</u>	<u>NORMAL MEN</u>	<u>SUICIDAL WOMEN.</u>	<u>NORMAL WOMEN.</u>
smoking	Electricity	Magazines	Boating
walking	Aviators	Clothes	Mountains
newspapers	Engineers	Cinemas	Camping
football	Science	Housekeeping	Tennis
singing	Athletic Girls	Dancing	Solos
musicians	Fishing	Sleeping	Waltzes
sleeping	Acrobats	Bands	English
babies	Beaches	Eating	Tennyson
titles	Joyriding		
cinemas	Icecream		
seaside	Good boys		
doctors	Tennyson		

WORDS OCCURRING IN THE CRITICAL LIST. "UNCOMMON FEARS".

<u>SUICIDAL MEN</u>	<u>NORMAL MEN</u>	<u>SUICIDAL WOMEN</u>	<u>NORMAL WOMEN</u>
Clothes	Police	Work	Police
smoking	Detectives	Boys	Athletics
society	Work	Religion	Health
cats	Health	School	Sleep
medicine	Sleep	Clothes	Dream
girls	Darkness	Money	Morals
ances	Family	Reciting	Neighbours
morals	Work		

WORDS OCCURRING IN THE CRITICAL LIST. "COMMONEST FEARS"

<u>SUICIDAL MEN</u>	<u>NORMAL MEN</u>	<u>SUICIDAL WOMEN</u>	<u>NORMAL WOMEN</u>
Loneliness	Childishness	Accidents	Stupidity
Nervousness	Jealousy	Worry	Failure
Misfortune	Stupidity	Discouragement	Suffocating
Hysterics	Insult	Roughness	Poison
Discouragement	Dizziness	Giggling	Blues
Tuberculosis	Suffocating	Fainting	Germs
Pain	Germs	Crying	Germs

Words in the normal lists not found in the patients' lists
 "likes" seem to concern outdoor and scientific interests for
 the most part, as against indoor amusements and occupations.

The commonest "fears" recorded by normal adults, not appearing
 in the critical lists for suicidal individuals suggest self-
 criticism where the patients' record suggest a dread of any
 criticism. Unpleasant sensations are recorded as worried about
 rather than nervous fears.

On the following pages appear the number of "likes" and "fears"
 recorded by each patient, with the number of uncommon and very
 common entries respectively. No significance is attached to the
 inclusion of as many as four of the most uncommon words in a given
 record. More than four gives rise to the suspicion that the record
 was not made in good faith, that the recorder had a very poor vocab-
 ulary and was marking wildly, or that the individual was definitely
 peculiar. Similarly, if twenty or over of the words in the commonest
 list are marked by a patient, this is in accordance with what normal
 people record. Should the number of common words sink markedly below
 twenty, the record is worth scrutiny in the light of other perform-
 ances by the same individual.

It may be of interest to indicate how many "likes" and "fears"
 are usually recorded by a normal individual who agrees to do the
 test, and compare the numbers with those obtained from suicidal cases.
 The table containing this comparison follows the data on individual
 series.

MOTIVATION OF ATTEMPTED SUICIDE.

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NUMBER OF "LIKES" AND "FEARS" RECORDED.

entries under the Headings, Uncommon, are comparisons with the Common words recorded by individuals of the same age and sex.)

CASES RECORDING AN ABNORMALLY LOW NUMBER OF BOTH LIKES AND FEARS.

Age.	Type.	Marital Condition.	"Likes".	<u>Uncommon</u> Common	"Fears"	<u>Uncommon</u> Common.
19	Unstable	S.	11	$\frac{0}{7}$	15	$\frac{2}{6}$
20	Paranoid	S	30	$\frac{2}{11}$	22	$\frac{1}{9}$
21	Depressed	S.	27	$\frac{1}{11}$	11	$\frac{1}{4}$
23	Imbecile Depr.	Separated	16	$\frac{0}{5}$	35	$\frac{2}{15}$
25	Paranoid	S.	25	$\frac{3}{14}$	30	$\frac{2}{13}$
28	Depressed	S	36	$\frac{1}{16}$	10	$\frac{0}{7}$
28	Manic-Depr.	M.	39	$\frac{3}{10}$	14	$\frac{2}{8}$
29	Depressed	S	22	$\frac{0}{8}$	11	$\frac{0}{8}$
32	Depressed	S	15	$\frac{0}{8}$	21	$\frac{0}{10}$
35	Paranoid	S	39	$\frac{5}{11}$	29	$\frac{4}{15}$
44	Depressed	M.	41	$\frac{1}{14}$	40	$\frac{1}{18}$
45	Imbecile Depr.	M.	31	$\frac{0}{11}$	20	$\frac{3}{5}$
53	Moron Depr.	S.	10	$\frac{2}{5}$	9	$\frac{0}{5}$
45	Depressed	S.	23	$\frac{2}{8}$	22	$\frac{1}{9}$
33	Paraphrenia	M.n	22	$\frac{1}{16}$	22	$\frac{2}{15}$

CASES RECORDING AN AVERAGE NUMBER OF BOTH LIKES AND FEARS.

Large no. of uncommon "likes", and relatively small no. of common "Likes".)

23	Depressed	S.	42	$\frac{6}{9}$	52	$\frac{3}{18}$
59	Depressed	S.	53	$\frac{7}{13}$	40	$\frac{3}{14}$
33	Moron Depr.	Separated	43	$\frac{3}{18}$	59	$\frac{1}{24}$

OVER LARGE NUMBER OF BOTH "LIKES" AND "FEARS". (Many uncommon Likes.)

15	Unstable	S.	73	$\frac{6}{22}$	73	$\frac{0}{25}$
23	Epileptic	S.	79	$\frac{8}{22}$	60	$\frac{0}{24}$
37	Moron <u>Alchh.</u> D.	Separated.	76	$\frac{11}{17}$	79	$\frac{3}{24}$
53	Alcoh. Depr.	Separated	63	$\frac{8}{18}$	71	$\frac{3}{20}$
59	Alcoh. Depr.	M.	72	$\frac{2}{20}$	77	$\frac{2}{23}$
60	Alcoh. Depr.	S.	102	$\frac{12}{23}$	68	$\frac{2}{20}$
70	Alcoh. Depr.	M.	82	$\frac{11}{21}$	86	$\frac{12}{24}$

CASES RECORDING <u>MANY</u> "LIKES" BUT <u>FEW</u> "FEARS".					
Type.	Marital Condition	"Likes"	<u>Uncommon</u> Common.	"Fears."	<u>Uncommon</u> Common.
38 Imbecile	S.	65	$\frac{11}{15}$	34	$\frac{6}{10}$
53 Alcoh.Depr.	S	87	$\frac{14}{17}$	39	$\frac{3}{16}$
50 Toxic Psych.	S.	97	$\frac{14}{15}$	24	$\frac{4}{13}$

CASES RECORDING <u>FEW</u> "LIKES" BUT <u>MANY</u> "FEARS".					
Manic-Depr.	S.	35	$\frac{1}{19}$	70	$\frac{1}{25}$
Manic-Depr.	S.	13	$\frac{1}{7}$	84	$\frac{5}{23}$
Toxic Psych.	M.	24	$\frac{0}{7}$	86	$\frac{7}{22}$
Toxic Psych.	M.	32	$\frac{3}{12}$	85	$\frac{4}{25}$

CASES RECORDING <u>AVERAGE NO.</u> OF "LIKES" BUT <u>FEW</u> "FEARS".					
Alcoh.Depr.	S.	56	$\frac{2}{17}$	27	$\frac{4}{12}$
Alcoh.Depr.	M.	47	$\frac{3}{15}$	24	$\frac{4}{8}$
Toxic Psych.	S.	45	$\frac{2}{15}$	27	$\frac{1}{15}$

CASES RECORDING <u>AVERAGE NO.</u> OF "LIKES" BUT <u>HIGH NO.</u> OF "FEARS".					
Manic Depr.	M.	40	$\frac{3}{16}$	70	$\frac{3}{24}$
Manic Depr.	S.	49	$\frac{3}{18}$	79	$\frac{1}{24}$
Alcoh.Depr.	Separated	42	$\frac{3}{14}$	96	$\frac{2}{24}$

CASES RECORDING <u>FEW</u> "LIKES" BUT <u>AVERAGE NO.</u> OF "FEARS".					
Unstable	S.	33	$\frac{2}{10}$	41	$\frac{0}{25}$
Unstable	S.	14	$\frac{1}{5}$	56	$\frac{7}{23}$
Schizophr.	S.	31	$\frac{5}{11}$	56	$\frac{10}{18}$

TWO CASES RECORDED "LIKES" BUT BAULKED AT RECORDING "FEARS".					
Depr.Paranoid	S.	22	$\frac{1}{14}$	-----	
Agitated Depr.	S.	45	$\frac{12}{22}$	-----	

is noteworthy that cases who described themselves as "put upon" record many uncommon "likes"; while those who have been humiliated by their or spouse record many uncommon "fears".

MEDIAN NUMBER OF "FEARS" RECORDED.

SUICIDAL ADULTS.		NON-SUICIDAL ADULTS.	
MALES.	FEMALES.	MALES.	FEMALES.
39 $\frac{26}{64}$	56 $\frac{21}{73}$	57 $\frac{43}{70}$	56 $\frac{28}{66}$

MEDIAN NUMBER OF "LIKES" RECORDED.

SUICIDAL ADULTS.		NON-SUICIDAL ADULTS.	
MALES.	FEMALES.	MALES.	FEMALES.
42 $\frac{27}{63}$	35 $\frac{21}{55}$	48 51 $\frac{40}{61}$	56 $\frac{42}{73}$

It is apparent that the suicidal group record fewer "likes" than do ordinary people, and suicidal males also record fewer "fears". This fact diminishes the significance of the smallness of the number of common "likes" and "fears" crossed out, since this total is likely to be affected by the disposition to mark few words of any sort. But it enhances the significance of the uncommon words crossed out. If 4 be permitted to a group marking some 56 words on an average, then less than 4 should be conceded to a group recording 39 on an average. The preceding pages will have made clear that a considerable number of suicidal individuals record a significant number of "likes" and "fears" not usual for people of their age and sex.

It should be remembered that this test is concerned merely with the subjects' readiness to record certain words. It is not claimed that the test is carried out in complete good faith, nor that each record indicates the range of interests or fears. There is a difference in readiness to record certain "likes" and "fears", and this difference may be connected with associations summoned by the stimulus-words or it may reflect indolence, a tendency to do as little as possible, to avoid effort.

10-YEAR DESIGNS. (AFTER Terman.)

ANY investigator who has used the Terman 10-year designs at all widely with adults will be struck with the poor quality of the drawings reproduced on the accompanying pages. One outstanding features of the performances of suicidal adults is the slapdash quality of the drawing. Sides not at right angles, lines not meeting, patched lines, broken lines, and inaccurate dimensions are the rule, not the exception.

Another noteworthy feature is the fact of sex difference in success with the test.

5 out of 17 men completely failed.
11 " " 22 women " " .

Although the median age of the men concerned was 34 years (plus or minus 13 years), while the median age of the women was only 29 years (plus or minus 9 years), it is unlikely that the men are hindered by being an older group, since the test is standardised for 10- year old children.

Insofar as the ability to define words indicates a certain maturity of mind, a comparison was made between success with the Terman Vocabulary test and with the designs. It is interesting to find that of nine individuals earning average credit with the vocabulary test, only two failed completely with the 10-year designs; whereas of the seven individuals whose vocabulary score equalled that of children under eleven years of age, only two secured partial credit, five failing outright.

The intermediate group must not be overlooked, however. It comprises three-quarters of the ~~wo~~men and half of the men. These individuals did as well as children of 12-14 years of age with the vocabulary test. Six passed the test; 8 secured partial credit; but 9 failed completely.

SUICIDAL ADULTS (VOCABULARY CREDIT, 12-14 Year.)

	Success with 10-year Designs.		
	Pass	Partial credit.	Failure.
males	2	4	2
females	4	4	7
Total	6	8	9

There is more to failure with the designs than mere intellectual factors. All of the individuals in this intermediate group were of moderate intelligence on the linguistic side, and quite understood what they were wanted to do. Yet a quarter of the men and half of the women were completely unsuccessful. Even after a 10 seconds' fixation-period, they could not reproduce two simple diagrams.

But the examiner soon noticed that they did not enjoy the fixation-period. After a bare glance, most of them wished to begin. Others asked for a second exposure-period, some refusing to attempt reproduction unless the second glimpse were allowed. Needless to say, these attempts are not included with those under scrutiny. Hurry to begin and hurry to get it over characterised a considerable number. With some, it seemed as though they feared they would forget the designs unless they dashed them on paper with the utmost haste; with others, it seemed that any effort was troublesome. The task must be performed with the minimum of attention and as quickly as possible. Only two volunteered any remarks indicative of dissatisfaction with their performances. One wanted a ruler, and the other said he could have drawn straighter lines.

ORTEOUS MAZES. *Appendix. g.v.*

Of the 39 individuals whose performances are shown, 27 attempted the Porteous Mazes, a test of planning ability and careful execution. Four did as well as the average child of 12 to 14 years; and none of these had failed the 10-year designs. Five did worse than the average 9-year old; and all of these had failed the designs.

Mazes:.....														14 yr.	12 yr.	11 yr.	10 yr.	9 yr.	8 yr.	Below.	Total.
0-yr. Designs.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
Pass	1		1		1		1	3		1					4	4					
Part-Credit.			1	1			2	1	2	1					3	5					
Failure.					1	1	1	1	2				2		3	4	7				
Total	1		2	1	2	3	3	6	3	1	2				3	11	16				


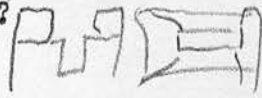

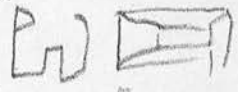


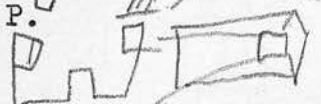
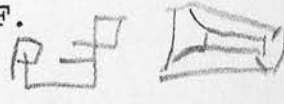
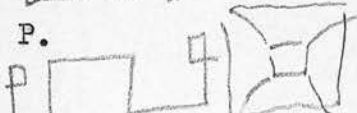
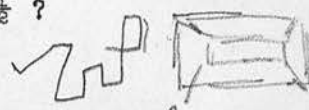

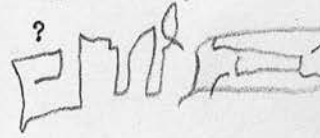
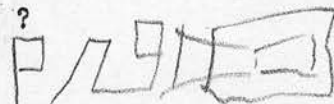
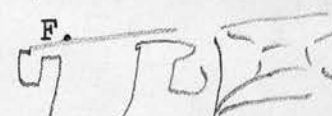

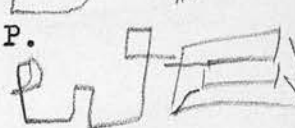

MOTIVATION OF ATTEMPTED SUICIDE.

The Table makes it plain that the group is not remarkable for planning ability of the type required for success with Mazes; and that there is a definite sex difference in this respect. The five utter failures with the Porteous Mazes were all women. Three of the four who did moderately well with the Mazes were men. An intermediate group, 8 men and 10 women, succeeded with the Mazes about as well as children of from 9 to 11 years of age. Six of these passed the 10-year designs, 6 secured partial credit, and ~~six~~ failed.

Success with the Mazes is independent of linguistic ability but it is not independent of acceptance of the task in intelligent fashion. The instruction, "Start here and find your way out. Do not lift your pencil from the paper until you complete the task". proved to be too long for many of the cases. Five began to draw upon the lines bounding the route. When shown once more where to start, and when told that they should find the shortest way out, they frequently needed a third instruction to the effect that lines must not be crossed. Pencils were frequently lifted, and some attempted to trace the course in the air. Others boldly attempted to trace the course from the end backwards, and seemed to resent my noticing the fact. In particular, one woman was bent upon snatching an advantage. Did the examiner appear to be preoccupied or glancing elsewhere, at once the pencil would be lifted and the tracing would recommence. Many attempted to move the designs round and about as if to find a more revealing glimpse. The instruction to keep it in the position given was frequently forgotten, and the impression was gained that the forgetting was convenient. In brief, the cases manifested considerable readiness to succeed by unfair means if by so doing they could secure easy praise. Avoidance of effort was characteristic. Baulking occurred at the outset, the task being dismissed with, "Oh, I can't draw." "I don't want to." "I'm sure I couldn't." etc.

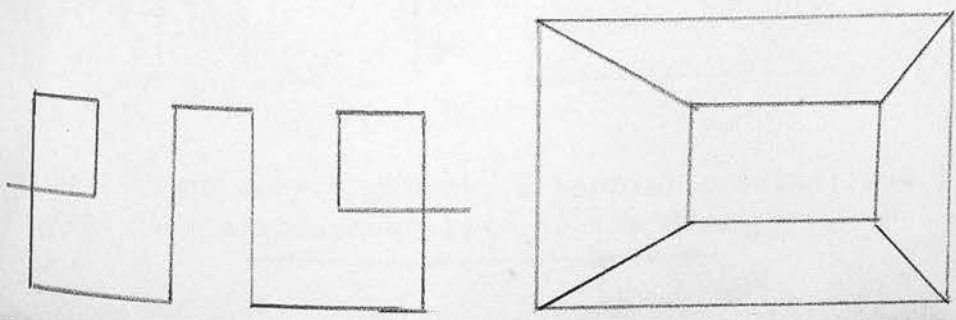
MOTIVATION OF ATTEMPTED SUICIDE.

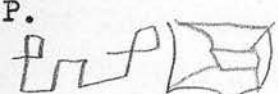


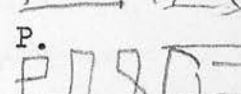



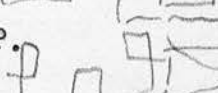


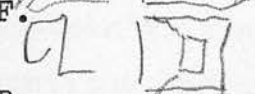

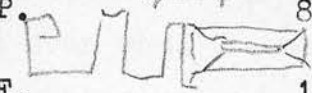

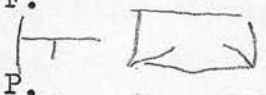




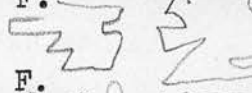
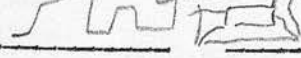
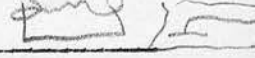
SUCCESS WITH THE TEN-YEAR DESIGNS. (AFTER TERMAN.)
MALES.

Credit with VOCAB. MAZES. SCORE. ATTEMPT.				NO. AGE	Credit with VOCAB. MAZES. SCORE. ATTEMPT.				
16yr.	P.		86	33	14yr.	9yr?			
14	12yrP.		1	45	18	14 P.			
12	9 F.		40	51	12	?			
16	P.		84	53	14	12 F.			
18	11 P.		19	54	14	11½ ?			
10	F.		53	60	10	9 ?			
12	10½ ?		21	70	16	F.			
10	10 F.		14	44	16	10 P.			
16	?		N.B. 6 passes. 6 part credits. 5 failures.						

Note that P.= Pass; F.= Fail; and ? = Partial credit.

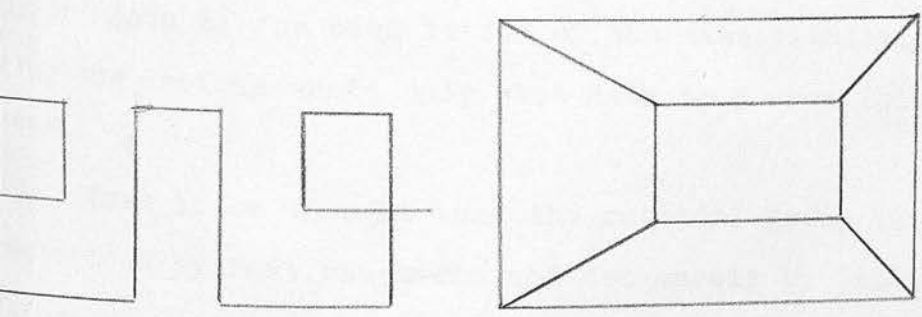
THE DESIGNS ARE SHOWN BELOW, AS EXHIBITED FOR 10 SECS.
Note the slapdash work.



SUCCESS WITH THE TEN-YEAR DESIGNS. (AFTER TERMAN.)				CREDIT WITH			
FEMALES:				FEMALES:			
Vocab. & Mazes.	Score.	Attempt.	No.	Age.	Vocab. & Mazes.	Score.	Attempt.
16 yr.	10 yr.	P.	34	29	12 yr.	--	F.
							
14	12	?	35	30	14	--	P.
							
10	11	?	16	37	14	10	?
							
2	--	F.	50	37	12	10½	P.
							
2	8	F.	5	42	18	11	F.
							
4	10	F.	43	42	12	--	?
							
2	10	P.	85	45	12	--	F.
							
2	8	F.	15	46	16	--	F.
							
2	9	P.	59	55	6	4	F.
							
0	8	F.	56	56	6	4	F.
							
2	10	?	23	62	14	--	F.
							

= Pass. F. = Fail. ? = Partial credit.

THE DESIGNS ARE REPRODUCED BELOW AS SHOWN FOR 10 SECONDS.



that there were 5 passes; 6 partial credits; and 11 failures.
also the slapdash quality of the work.

MOTIVATION OF ATTEMPTED SUICIDE.

MOTOR CONTROL. ABILITY TO WRITE VERY SLOWLY.

Part of the June-Downey Temperament test was given to a number of those who had attempted the 10-year designs. Each was asked to write the name as usual, and the time was noted in seconds. Next, three trials were given to determine the very fastest time in which the name could be written; and finally three trials were allowed in which to slow down as much as possible. This final result was the most interesting, since many of the cases were reluctant to attempt it. Speeding up their writing did not worry them, as they could scribble; but controlling their writing in the opposite sense was accompanied by exclamations, sighs, and other evidences of disliking the task. Some even made a pretext to avoid the later trials: "I mustn't do anything slowly. I'm noted for my quickness. It half-mesmerises my customers." "This is a trap to make believe I am inefficient." Others commenced at a slow rate, but wearied of the effort and scribbled the remainder of the name.

Men exerted more effective effort than women. Their median time for each letter written was 5 seconds; that for women was only 3 seconds. Men had done better with the 10-year designs than women.

Individuals passing the 10-year designs slowed down to 9 secs. (plus or minus 6) for each letter of the name; individuals failing the designs could only slow down to 5 secs. (plus or minus $1\frac{1}{2}$ secs.)

Lest it be thought that the suicidal group is really characterised by fast reactions, and not merely by impatient avoidance of difficulties or effort, in favour of functioning on less costly levels, the rate at which these individuals supplied associations to the Kent-Rosanoff and Jung Association

ests must be recorded. [The usual mean time for such associations is a little over a second.]

Thirty-eight individuals carried out the test, and the median of their mean times was 3 seconds (plus or minus 1 sec.) men did slightly better than women: a ^{half} quarter of the men had mean time of 2 seconds or less, which is near normal. Only seventh of the women did as well as this.

To ascertain what bearing general intelligence had upon these findings, the Binet-Simon Scale (Terman Revision) was employed. In all, 73 individuals were tested with the Binet-Simon tests. The thirty-eight individuals who were given an association test earned the following credits:

Under Credit:	10 yr.	10 yr.	11 yr.	12 yr.	13 yrs	14 yr.	15 or over
Men	1	2	1	1	3	5	3
Women	1	5	6	4	3	1	2
Total	2	7	7	5	6	6	5

Median Credit with Binet-Simon Tests. (38 individuals).

Men	13 year (plus or minus $1\frac{1}{2}$ years).	16 individuals.
Women	$11\frac{1}{2}$ " (" " " " " ").	22 " .
All	12 " (" " " " 2 ")	38 "

MEAN SPEED OF ASSOCIATION. (In seconds.)

	<u>2 seconds.</u>	<u>3 seconds.</u>	<u>4 or more seconds.</u>
of men	9	4	3
of women	3	10	9
Total	12	14	12

Median credit (B.-S.)	^{1st Quartile} $13\frac{3}{4}$ yrs.	^{Median} 12 yrs.	^{3rd Quartile} $11\frac{1}{2}$ yrs.
Range of credits, "= "	(9-17 yrs.)	(7-14 $\frac{1}{2}$ yrs.)	(10-15 yrs.)

The range of credits shown in the bottom line on the preceding page indicates that some of those with very poor general intelligence answered as promptly as those with average intelligence. The fact that the women in this group were less well endowed than the men, and that they were in a majority helps to explain why individuals requiring 3 seconds or more to react to a stimulus-word earned lower median credit with intelligence tests than those who could react in 2 seconds.

To recapitulate:- Test findings, thus far, reveal the suicidal group as one that records fewer "likes" and "fears" than ordinary individuals record, and includes many unusual words.; that makes a very poor showing with the 10-year designs;

that finds it very difficult to slow down motor activity like signing the name; and

that reacts to Association-tests more slowly than the ordinary population.

The interconnection of these findings may be illustrated thus:

who	<u>passed</u>	the	<u>10-year designs</u>	could	slow	down	to	<u>9 secs.</u>	a	letter
"	<u>failed</u>	"	<u>" year "</u>	"	"	"	"	only	to	<u>5 secs.</u>
with	<u>mean</u>	<u>association time,</u>	2 secs.,	"	"	"	"	<u>10½ "</u>	"	"
"	"	"	" , 3 "	"	"	"	"	"	6 "	"
"	"	"	" , 4, or more secs.	"	"	"	"	"	4 "	"
"	"	"	" , 2 secs.,	earned	higher	credit	with			
			intelligence tests,	than	those	whose	mean	time	was	3 or more secs.
			at least	<u>12-yr. credit</u>	in	the	<u>Porteous Mazes</u>	passed	<u>10-yr. design.</u>	
			<u>less</u>	than	<u>9-yr.</u>	"	"	"	"	failed

SECTION III.

INCIDENCE OF UNSUCCESSFUL ATTEMPTS AT SUICIDE IN EDINBURGH. PERIOD, 1925-31.

Information about the various Police Divisions, about general conditions, and notes upon matters of fact connected with suicidal attempts over a period of eight years were furnished, in spite of the considerable time and labour involved.

MOTIVATION OF ATTEMPTED SUICIDE.

ATTEMPTS IN EDINBURGH FROM 1925 to 1931.

MALE SUICIDES.	MALE ATTEMPTS.	MALE POPULATION.	FEMALE SUICIDES.	FEMALE ATTEMPTS.	FEMALE POPULATION.
42	14	199,350	25	14	239,660
45	32		16	25	
44	27		15	24	
57	18		19	26	
41	27		26	34	
48	28		28	26	
46	16		14	22	

Over the seven years, the average number per 100,000 of population was as follows:

MALES.		FEMALES.	
Successful Attempts.	Unsuccessful Attempts.	Successful Attempts.	Unsuccessful Attempts.
per 10,000	11.3 per 100,000	8.5 per 100,000	10.2 per 100,000

Whereas with males, the ratio between successful and unsuccessful attempts is 2.05 to 1; with females, this ratio is only 5 to 6.

In studying the conditions existing at the time of suicidal attempts in Edinburgh, it was convenient to follow the five divisions in which for police purposes the city is sectioned. Division A has the largest population, 94,000, comprising 44,000 males and 50,000 females. It includes business districts, manufacturing quarters, industrial areas, and, though there are respectable housing areas, considerable slum districts.

Division B has the smallest population of the five divisions, but it is by no means the least congested. It is principally a business section, though it has a good residential district. Because of the valuable property to be guarded in this division, and because of busy traffic, almost as many constables are detailed for duty here as in the larger division A.

Division C is mainly residential. There are fewer overcrowded homes in this section, fewer questionable or known to be ill-conducted than in any of the others.

Division D is largely an industrial area. Though its population is almost equal to that of Division C, there is greater congestion. Parts of this Division extend outwards into country areas and here better residential conditions exist. In Division B, there are about 25% more women than men. In Division C, women greatly outnumber men. (52,000 women to 37,500 men.)

Division E resembles A in its diversity. The town of Leith with its docks are included in this division. There are good residential sections, and slums; business, manufacturing, and industrial areas, and the special conditions found in a port. The population of this division is about as numerous as that of Division D, and congestion is greater.

On the following page appears an analysis of the five divisions, showing approximately the distribution of population in the various Wards. It must be understood that where one ward is crossed by division lines, as in the case of St. Giles', the allocation of population to each division is an estimate only. In the estimate of density of population, we have followed the interesting figures of the Council for Social Service. All park land and other open spaces were subtracted from the total acreage of each Division before determining the number of people per acre. In this way the actual housing areas may be compared as regards congestion.

The number of attempts at suicide, both effectual and ineffectual, is greatest in Division A, where there is the largest population, and next in Division E which includes the port. The number per 10,000 (over the period 1925-32) is shown, because this figure makes it clear, that the proportion is higher in Division A, so that there is something to be studied which is over and above the effect of actual numbers. As the density of population is greatest in this division, it is interesting to note from this extract from the Annual Report of the Public Health Department, 1931, that Division A contains the greater part of three of the most overcrowded Wards:

the Census Report. "It is noted that the percentage of one-roomed houses is greatest in St. Andrew's Ward, where it is 16, accommodating 1,941 persons, or 19.3 per cent of the Ward population. In St Giles' Ward the percentage of one-roomed houses is 25.1, containing 3,336 persons, or 18 percent, of the population. In St. Leonard's it is 18.5, containing 2,540, or 16 percent of the population; in North Leith 12.8, containing 1,669, or 9.7 percent of the population; and in George Square

SURVEY OF EDINBURGH POLICE DIVISIONS.

Wards included in each Police Division
with
Population in Thousands.

DIVISION B.	DIVISION C.	DIVISION D.	DIVISION E.
26 St. Stephen's	17 Newington	22 Gorgie	25 South Leith
21 Broughton	15 Morningside	21 Dalry	21 North "
15 Calton	14 Merchiston	16 Haymarket	17 West "
13 St. Bernard	12 St. Leonard	8 Corstorphine	12 Central "
12 St. Andrew's	11 Colinton	8 Merchiston	5 St. Bernard
7 St. Giles'	3.5 George Sq.	3.5 St. Giles'	3.5 Corstor-
	Liberton	11 George Sq.	3.5 phine
		Colinton	1

DENSITY OF POPULATION IN EACH POLICE DIVISION with

NUMBER OF ATTEMPTS AT SUICIDE, SUCCESSFUL AND UNSUCCESSFUL.

PERIOD: 1925 to 1932

	DIVISION A.	DIVISION B.	DIVISION C.	DIVISION D.	DIVISION E.
Area	83.2	63.8	38.9	52.4	61.2
Males	44,000	32,500	37,500	39,500	42,000
Females	50,000	40,000	52,000	48,500	46,000
Suicide					
1: Males	97	65	69	94	98
Females	39	33	36	41	40
100: Males	51	22	30	26	40
Females	64	29	30	28	32
Males:	148 (34) ^x	87 (27)	99 (26)	120 (30)	138 (33)
Females:	103 (21)	62 (15)	66 (13)	69 (14)	72 (16)

The population per acre was calculated upon the actual housing
areas, all park land and other open spaces being subtracted
from the total acreage of each Division before the estimate was
made.
The figures in brackets are the number of attempts per 10,000,
for the seven-year period.

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SURVEY OF EDINBURGH POLICE DIVISIONS.

TOTAL POPULATION IN EACH DIVISION.

DIVISION A.	DIVISION B.	DIVISION C.	DIVISION D.	DIVISION E.
72,500	89,500	88,000	88,000	

OVERCROWDING IN EACH POLICE DIVISION.

	Division A.	Division B.	Division C.	Division D.	Division E.
ad homes.	5,410	3,700	1,440	875	
ad homes.	17,850	6,300	3,360	22,080	17,590
rate					
0,000 Males	31.5	28.6	26.3	34	33.3
ge) Females	11.1	11.8	9.9	12	12.4
ful					
000 Males	16.5	9.7	11.4	9.7	13.6
Females	18.3	10.4	8.2	8.3	9.9

CLASSIFICATION OF EDINBURGH RESIDENCES WHERE SUICIDE WAS ATTEMPTED.

	QUESTIONABLE.	ILL-CONDUCTED.	TOTAL.	DESIRABLE.	UNKNOWN.
A.	22%	20%	42%	42½%	15½%
B.	25.5%	23½%	49%	35%	16%
C.	20%	0%	20%	47%	33%
D.	26%	2%	28%	42½%	29½%
E.	21%	5½%	26½%	50%	23½%

NUMBER OF CONSTABLES ASSIGNED TO EACH POLICE DIVISION.

DIVISION A.	DIVISION B.	DIVISION C.	DIVISION D.	DIVISION E.
85.	155	97	95	150 (40 at Docks.)

it is 12.1, containing 1,605, or 8.3 percent of the population.

Two-roomed houses form 58.8 percent of the dwellings in Dalry Ward, with a population of 11,849; 56.5 percent of those of Central Leith with a population of 7,866; 48.4 percent of those of North Leith with a population of 9,356; 47.9 per cent of those of Gorgie with a population of 12,213; 46.3 percent of those of Canongate with a population of 9,815; 44.9 per cent of those of Calton with a population of 9,612; and 42.6 per cent of those of St. Leonard's with a population of 8,772."

Wards underlined in the above quotation come into Division A. Another table has been prepared to show the total number of grossly overcrowded homes in each Division. The annual suicide rate with the annual number of abortive attempts is attached. If we group all attempts, successful or not, we find an average rate of 19.3 per 100,000 for Division A; density being 83.2 per acre

15.1	"	"	"	"	B;	"	"	63.8	"	"
13.9	"	"	"	"	C;	"	"	38.9	"	"
16.0	"	"	"	"	D;	"	"	52.4	"	"
17.3	"	"	"	"	E.	"	"	61.2	"	"

By the courtesy of the Public Health Department, information as to the character of the dwellings in which suicidal attempts had occurred, or in which those attempting suicide out-of-doors resided, was made available. The table makes it clear that the percentage of dwellings known to be ill-conducted was greatest in Division B. This is a business area, and a considerable number of the residences in question are over shops. It is a rooming-area, where individuals without home ties and those who are disregarding their obligations are living, under conditions which do not permit normal satisfaction of the urge for social contacts. Social workers expressed the opinion that there is far more ill-considered and wholesome sexual behaviour here than elsewhere. To the extent

that fear and a sense of guilt attach to such behaviour, we may expect it to be a factor influencing suicidal attempts.

The degree to which other disintegrating influences play a part in causing self-murder is difficult to estimate. A number of cases were intoxicated when the attempt was made, and additional cases were individuals known to be addicted to drink. It was found to be impracticable to determine the relative consumption of alcohol in the various Wards. It cannot be assumed that liquor purchased in a given area is consumed there, or that if consumed there it is used by persons resident in the locality. The number of liquor licenses granted in the several Police Divisions is merely an indication of the distribution of sale. Probably it may be taken as reasonably certain that local consumption determines the number of grocers' licenses and small public house licenses.

On the following page is summarised what could be ascertained in this connection from those who recovered from suicidal attempts. First appear the figures obtained from cases all over Scotland, and below the information about Edinburgh cases.

It will be seen from the table that $18\frac{1}{2}\%$ of men making unsuccessful attempts were known to be hard drinkers, and a further $12\frac{1}{2}\%$ had occasional bouts of drunkenness. The percentages for women were $6\frac{1}{4}\%$ and $4\frac{1}{2}\%$, respectively. When a purely urban population is studied, the number of men and women attempting suicide who are known to be hard drinkers is much more nearly the same: 8.9% for men, and 7.65% for women. The lodging-house and rooming-area stands out as furnishing much the largest number of attempts influenced by alcoholism: $25.5\frac{1}{2}\%$ of the attempts in Division B being of this character.

NUMBER OF CASES ATTEMPTING SUICIDE WHO CONSTANTLY DRANK TO EXCESS.

MALES.

68 out of 368
i.e. 18½%

FEMALES.

23 out of 355
i.e. 6½%

NUMBER OF CASES ATTEMPTING SUICIDE WHO SOMETIMES DRANK TO EXCESS.

MALES.

46 out of 368
i.e. 12½%

FEMALES.

15 out of 355
i.e. 4½%

SURVEY OF EDINBURGH POLICE DIVISIONS.

NUMBER OF LIQUOR LICENSES GRANTED IN POLICE DIVISION.

DIVISION A. DIVISION B. DIVISION C. DIVISION D. DIVISION E.

	6	8	1	4	5
HOUSES	103	91	34	45	117
ERS' LICENSES	99	89	58	63	101
	208	188	93	113	223

EDINBURGH CASES OF ATTEMPTED SUICIDE KNOWN TO BE HARD DRINKERS

DIVISION A. DIVISION B. DIVISION C. DIVISION D. DIVISION E.

	2 out of 51	6 of 22	4 of 30	1 of 26	2 of 40
MALES	5 of 64	7 of 29	1 of 30	1 of 28	0 of 32
	7 of 115	13 of 51	5 of 60	2 of 54	2 of 72
PERCENTAGE:	6.1%	25.5%	8.3%	3.7%	2.8%

that in the purely urban population, the percentage of alcoholic females (7.65%) is much closer to the percentage of alcoholic males (8.9%) than is the case for the general population.

Yet the number of licenses issued for the sale of liquor is greater in Divisions A and E. It must not be forgotten that we have no figures showing the percentage of non-suicidal adults who constantly drink to excess.

Still less definiteness obtains when we seek to study the incidence of financial over-pressure in the suicidal group. Where there has been irresponsible spending, betting or gambling, we have practically no objective source of evidence at all. For licensing purposes, betting agents are grouped with commission agents; and the records do not distinguish between one who earns commission on corn sales, land sales, or betting. Moreover, local regulations bring it about that a great deal of betting is conducted through the postal service, since a man may not hand over money to bookmakers, save on a race-course.

Among the Infirmary cases, who were personally investigated a considerable number of those found to be feeble-minded were in difficulties attributable to betting.

The picture of financial over-pressure, due to complete or partial loss of income, when interrupted employment is the cause is again far from clear. There is marked monthly variation in the distribution of unemployed persons; and it is not possible to compare the Edinburgh Police Divisions on this basis. However, the total monthly figures for a number of years have been averaged for the sexes separately. These averages have been thrown into comparison with the actual number of attempts at suicide during the same period. There actually seems to be a slight inverse correlation. There is less unemployment in summer months; but there are more attempts at suicide then.

The President of the Labour Exchange was kind enough to supply figures as to the number of persons seeking employment;

COMPARISON OF THE MONTHLY INCIDENCE OF UNEMPLOYMENT
AND OF ATTEMPTS AT SUICIDE IN EDINBURGH.

PERSONS SEEKING EMPLOYMENT THROUGH THE EDINBURGH LABOUR EXCHANGE.

AVERAGE MONTHLY DISTRIBUTION IN HUNDREDS.

PERIOD 1928 to 1932

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
94	93	94	74	80	79	75	77	79	89	93	93
23	24	26	22	23	22	19	21	22	25	26	23

TOTAL NUMBER OF ATTEMPTS AT SUICIDE IN EDINBURGH.

PERIOD 1928 to 1932.

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
44	38	30	33	26	46	39	40	33	29	20	29
22	25	26	31	25	28	33	25	19	19	16	22

WINTER TO SUMMER RATIO OF UNEMPLOYMENT.

PERCENTAGE OF WORKERS SEEKING EMPLOYMENT IN WINTER IN EXCESS
OF THE NUMBER SEEKING EMPLOYMENT IN SUMMER.

1928-9 Male: 19.7%
Female: 33.3%

1929-30 Male: 26.6%
Female: 18.5%

1930-1 Male: 41.6%
Female: 24.3%

1931-2 Male: 18.3%
Female: 6.0%

Winter to Summer Ratio of
Attempts at Suicide.

1928-32 Male: 88%
Female: 81%

N.B. There are more suicides
in Summer.

There is less unemployment
in Summer.

and he agreed that the number out of work is no indication of the number likely to end their lives. He considered that where an industry closes down, and a large number of people are thrown out of employment together, they take counsel together more or less, seek the dole or whatever form of relief is procurable, and seem less likely to experience despair than when retrenchment is in the air and harassed persons fear that they will be selected from the group for dismissal. Sometimes their pessimism is well-founded. They may have been conscious of unsatisfactory output. Perhaps they have been debilitated by worry or ill-health; perhaps they are ill-equipped for the required work; perhaps there are misdemeanours to be disclosed. In other cases, there is no real warrant for the conviction which they feel. The idea that they will be discriminated against, that there are people trying to do them harm is a symptom of mental ill-health.

As with venereal disease, where those who know definitely that they are infected, that the condition is curable, and that they are under expert care do not often manifest suicidal trend, whereas those who only **fear** that they have contracted the disease become a prey to black foreboding; so those who are out of employment manifest the readiness to take their own lives less often than those merely apprehensive of dismissal.

The distribution of attempts according to sex, method adopted, and the occupation followed was summarised for each of the Police Divisions save A. The record did not furnish the occupation followed for cases in Division A. The larger percentage of domestic servants in Division C, 40% of females making attempts, should be read side by side with the fact of

a much larger female population in that division. 40% more women than men are found in C, though only 25% more are found in B and D; and only 13% and 9% more women in A and E respectively.

It has been suggested and seems very probable that domestics employed in the residences in C are largely drawn from the smaller homes in A and E as well as from country districts.

METHOD ADOPTED BY THOSE ATTEMPTING SUICIDE. EDINBURGH, 1925-31

CLASSIFIED BY POLICE DIVISIONS: B., C., D., and E.

MALES.

FEMALES.

OURERS.	TRADESMEN.	OTHERS.	HOUSEWIVES.	DOMESTICS.	OTHERS.
poison	1 poison		7 poison	9 poison	3 poison
cut throat.	1 c.throat	1 cut.thr.	1 c.throat		
ERS	6 gas	1 gas	4 gas	1 gas	4 gas
poison					
cut throat					
gas					

OURERS.	TRADESMEN.	OTHERS	HOUSEWIVES.	DOMESTICS.	OTHERS.
poison	3 poison	2 poison	2 poison	5 poison	1 poison
cut throat	2 cut thr.	5 cut thr.	4 cut thr.	1 cut.thr.	1 cut thr.
	3 gas	3 gas	4 gas	5 gas	2 gas
	1 drownng.	1 jumping	3 drowning	1 jumping	
			1 jumping		
pers	Independent.				
ut thr.	1 poison				
as	2 cut thr.				

OURERS	TRADESMEN	OTHERS	HOUSEWIVES.	DOMESTICS.	OTHERS.
poison	4 poison	2 poison	8 poison	7 poison	1 poison
ut thr.	3 cut thr.	1 cut thr.			
s	3 gas	3 gas	4 gas		1 gas
	1 drowning		3 drowning	2 drowning	1 drowning
	1 jumping			1 jumping	

OURERS	TRADESMEN	OTHERS	HOUSEWIVES.	DOMESTICS.	OTHERS.
ison	3 poison	4 poison	9 poison	3 poison	4 poison
t thr.	2 cut thr.	4 cut thr.	1 cut thr.		
s	5 gas	12 gas	9 gas		
drowning	2 drowning	2 drowning	4 drowning	1 drowning	1 jumping

SUMMARY OF METHODS ADOPTED. EDINBURGH CASES, 1925-32.

(Excluding Division A.)

MALES.

FEMALES.

PERSONS.	TRADESMEN.	OTHERS.	ALL.	%.	HOUSEWIVES.	DOMESTICS.	OTHERS.	ALL.	%.
12	11	8 plus	1 32	27%	26	24	9	59	50%
9	7	11 "	5 32	27%	6	1	1	8	7%
7	18	19 "	1 45	38%	21	6	7	34	28%
1	4	2	7	6%	10	3	1	14	12%
	1	1	2	2%	1	2	1	4	3%
29	41	41 "	7 118	100%	64	36	19	119	100%
26%	34%	34%	6%		53%	31%	16%		

It is interesting to note that more than a quarter of the men cut throat cases, whereas only 8 women, 7%, adopt this method. The women take poison, while only a little over a quarter of the men choose this method. Twice as many women attempt to drown themselves, there is a considerable percentage of men in excess of women who use coal gas in their suicidal attempts. Cases investigated while recovering in the Royal Infirmary from their attempts at self-murder are almost equally divided as to sex: 44 men, and 43 women. The methods adopted were as follows:

PERSONS.	POISON%.	CUT THROAT%.	GAS%.	DROWNING%.	JUMPING%.	HANGING%.
21 (48%)	11 (25%)	10 (23%)	0	1 (2%)	1 (2%)	
26 (60%)	3 (7%)	4 (11%)	6 (15%)	3 (7%)	0	
47 (87%)	14	14	6	4	1	
54%	16%	16%	8%	5%	1%	

The same proportion of men and women attempt suicide by cutting throat, in this group. There are still considerably more men using gas, and still many more women who take poison.

That this distribution is fairly constant will be shown on the following page, where the grouping for Scotland as a whole appears where Division A figures for Edinburgh are included in the Edinburgh totals. The remarkable evenness of the sex distribution in unsuccessful attempts is also demonstrated.

MOTIVATION OF ATTEMPTED SUICIDE.

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NUMBER OF UNSUCCESSFUL ATTEMPTS REPORTED TO THE POLICE.

MALES.

FEMALES.

ALL SCOTLAND	390	387
EDINBURGH.	169	178
Royal Infirmary	44	43
TOTAL	603	608

EXCESS OF WOMEN OVER MEN WHERE HOUSEHOLD POISONS ARE USED.

ALL SCOTLAND	95 men	160 women
EDINBURGH	56 "	90 "
Royal Infirmary	21 "	26 "
TOTAL	172 "	276 "

EXCESS OF MEN OVER WOMEN WHEN COAL GAS IS EMPLOYED.

ALL SCOTLAND	110 men	83 women
EDINBURGH	63 "	50 "
Royal Infirmary	10 "	4 "
TOTAL	183 "	137 "

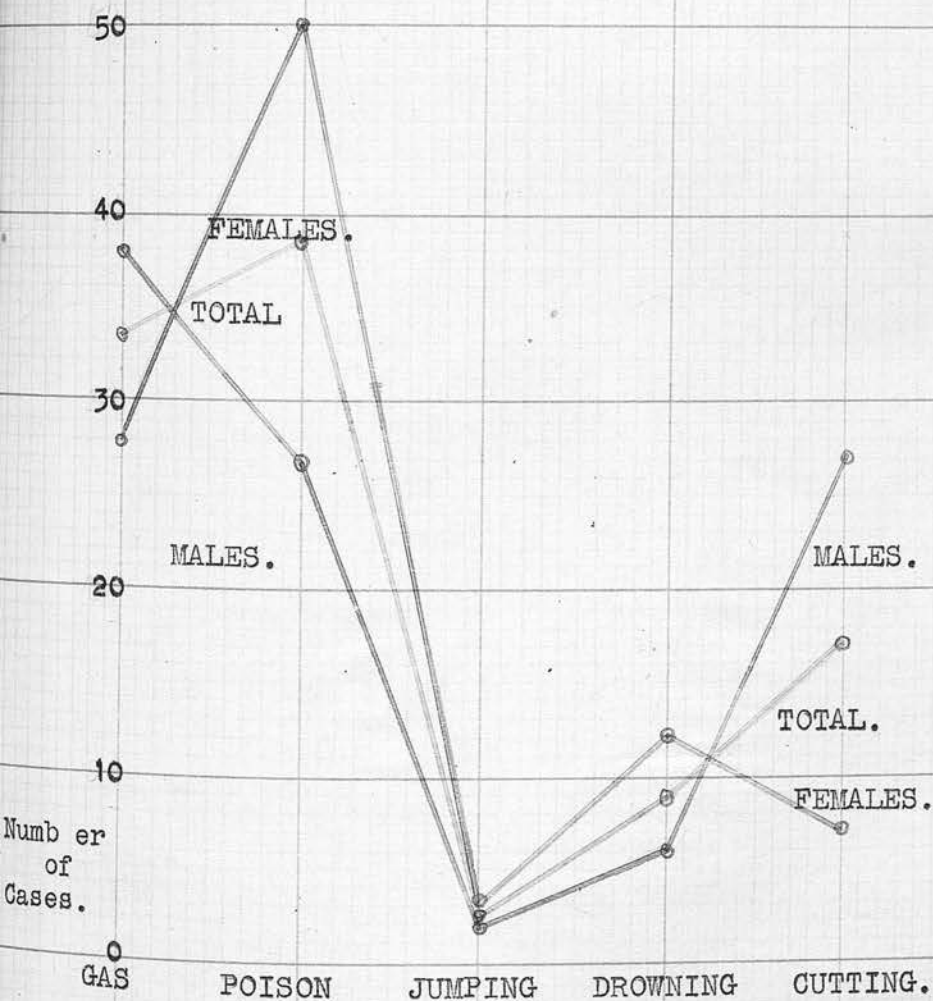
EXCESS OF MEN OVER WOMEN WHEN CUTTING OR STABBING OCCURS.

ALL SCOTLAND	121 men	40 women
EDINBURGH	40 "	13 "
Royal Infirmary	11 "	3 "
TOTAL	171 "	56 "

EXCESS OF WOMEN OVER MEN WHEN DROWNING IS ATTEMPTED.

ALL SCOTLAND	26 men	54 women
EDINBURGH	7 "	18 "
Royal Infirmary	0 "	6 "
TOTAL	33 "	78 "

METHOD ADOPTED BY EDINBURGH SUICIDES. (UNSUCCESSFUL.)
 (THOSE CASES IN WHICH OCCUPATION WAS KNOWN.)
 1925-31.



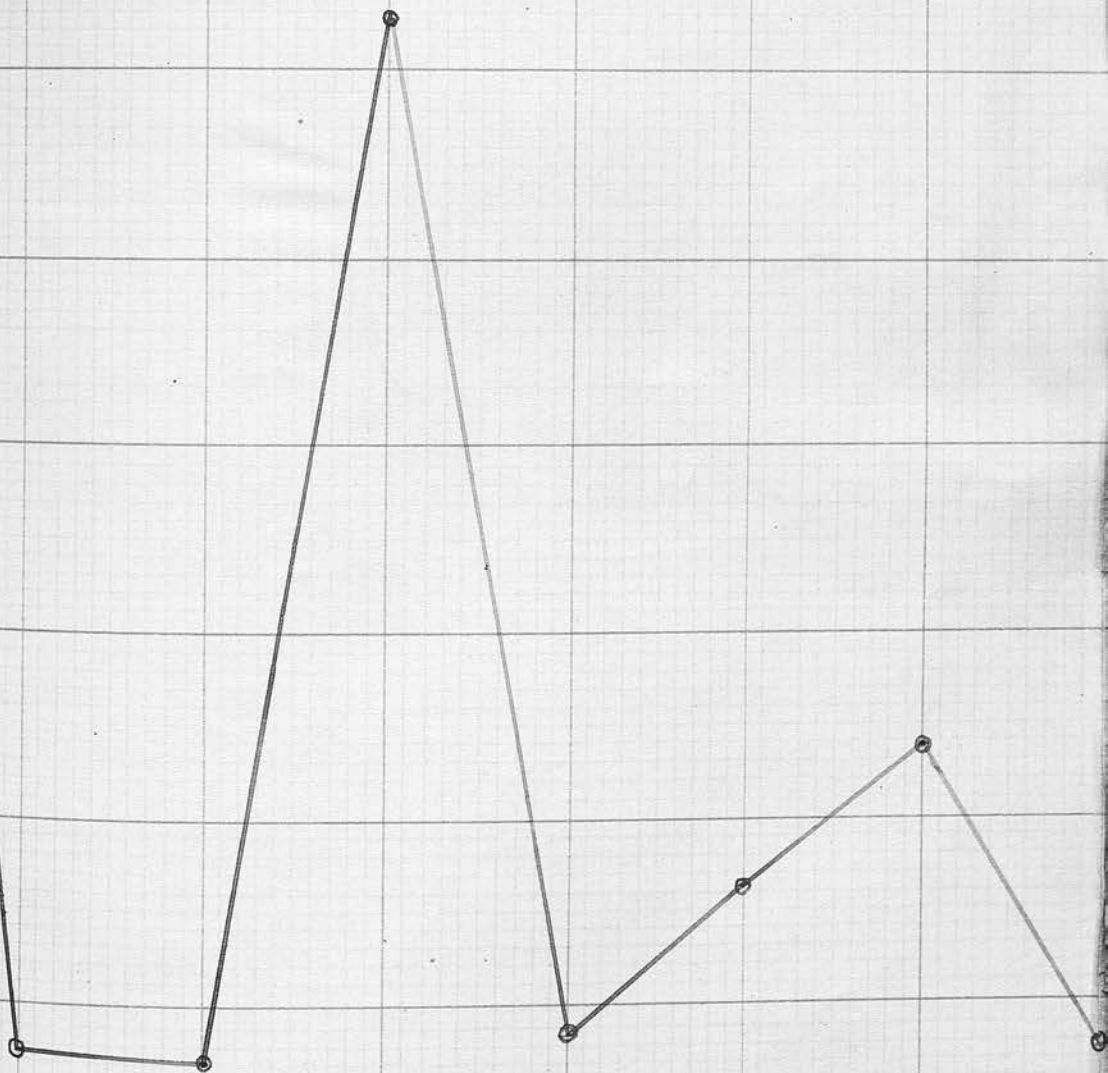
COMPARE THE GREEN CURVE WITH THAT FOR VIENNESE ATTEMPTS.

METHOD ADOPTED BY VIENNESE SUICIDES (UNSUCCESSFUL.)

(Figures furnished by the Social Service Bureau, Vienna.)

1931

s. Hanging . Firearms. Poison. Jumping. Drowning . Cutting. Other



In Edinburgh, as a whole, 43% of male unsuccessful attempts at suicide were by single men or widowers. 38% of female unsuccessful attempts were by single women or widows. Yet in Divisions B and C, the single and widowed outnumbered the married women; and in Divisions B and D, single and widowed men were as numerous as married. Thus Division B, the rooming-area, had a noteworthy proportion of suicidal attempts by individuals without family ties. In Division C, the residential section, the proportion of single women is excessive, but male attempts are much more frequent among the married: 63% excess.

In Division A, married women are twice as numerous as single or widowed women in the suicidal group; married men are also in excess by 55%.

In Division E, married women are twice as numerous as the unmarried or widowed; married men are in excess by 28%.

There is also a difference in the frequency with which various methods are adopted by those attempting suicide in the various divisions. In Division C, there were three times as many individuals who made an attempt by cutting the throat, as in the other divisions, the number equalling that of attempts by poison.

In Division A, household poisons were employed by more than half of those making suicidal attempts. Poison was also the commonest method in Division D, especially with women.

In Division E, coal-gas was much the commonest method employed by men.

Just as there were more frequent attempts by cutting the throat in Division C, so there were more cases in that residential area of individuals previously certified insane, under treatment for "nervous breakdown" or "neurasthenia", or described as solitary, gloomy, or queer. In each of the divisions, depression was known to have existed prior to the act in a considerable percentage of cases (20% of women, 13% of men) being reported most frequently in cases from Division B. Unemployment was most met with in the cases of Divisions A and B, unemployed/^{men}predominating in Division B, and unemployed women in Division A, (30%). Only 3% of the women in Division C were unemployed, and only 12% of the men. In Division B, half the men making attempts were unemployed, and over the whole city, there were 30% of male attempts where unemployment was an attendant circumstance. Physical illness was reported in 20% of cases in B and C; but over the whole city, this percentage was only 12½%. Quarrels were in progress when 11% of the attempts were made. 10½% of the men were drunk when the attempt was made (whether or not they were addicted to drink); and 8% of the women. 6% of Edinburgh women blamed a love disappointment when asked why the attempt was made; 7% of the men said they were harassed by debt.

SECTION IV.

INCIDENCE OF SUICIDE IN SCOTLAND.

PERIOD, 1925-31.

The setting of the attempt had geographical definition. Consequently one of the first problems to be attacked was suicide in Scotland, and, following on that, suicide in Edinburgh. Sections III and IV of this paper set forth the data gleaned in the respective surveys.

It was found that there existed a suicide belt in Scotland. It was the belt of dense population. Within the belt, suicides were twice as common as in sparsely settled areas and the population was three times as great. These belts are described in each of the two papers and it is clear that men succeed in their attempts at suicide much more often than women. This is from this paper partly three times as often as women.

From these findings regarding effective attempts, we turned to data upon unsuccessful ones. Data available from the Glasgow Survey gave some insight into the problem of suicidal thinking and showed that suicidal thinking was more common in men than in women and more common in the Glasgow Survey than in the Edinburgh Survey. The data from the Glasgow Survey showed that suicidal thinking was more common in men than in women and more common in the Glasgow Survey than in the Edinburgh Survey.

INTRODUCTION:

The 87 cases of attempted suicide which were studied *intensively* in order to discover whether motivation were uniform in the majority of cases, or whether types of motivation could be discriminated, made their attempts in or near Edinburgh. It was a homeborn group of Scots, the majority of whom had lived for long periods in the Capital.

The setting of the attempts had geographical definiteness. Consequently one of the first problems to be attacked was suicide in Scotland, and, following on that, suicide in Edinburgh. Sections III and IV of this Thesis set forth the data gleaned in the respective surveys.

It was found that there existed a suicide-belt in Scotland. It was the belt of dense population. Within the belt, suicides were twice as common as in adjacent areas: and the population was three times as great.

Three belts are described. In each, the sex ratio makes it clear that men succeed in their attempts at suicide much more often than women. Males die from this cause nearly three times as often as females.

From these findings regarding effective attempts, we turned to data upon unsuccessful ones. (Both populous and thinly peopled areas gave practically equal numbers of men and women making ineffective attempts at suicide.) Far more attempts for each sex were reported from urban districts than from rural ones.

INTRODUCTION: Continued.

The density-of-population factor persisted, but the sex factor had disappeared. *Practically equal*

A seven-year period, 1925-31, furnished the data under review. When yearly incidence was examined, a peak year in suicide on the West was found to coincide with a drop in suicide in the East of Scotland.

Monthly averages for each sex were then calculated, and it proved that the incidence of suicidal attempts (effective) in urban districts was greatest for males in January, April and May; greatest for females in March and October.

In cities, the ages from 45 to 65 furnished the highest percentage of suicides; in other districts, the percentages were highest at the ages 35-45 and 55-65.

An interesting fact emerged when the distribution of suicidal attempts by sex and age was plotted. Girls whose ages ranged from 15 years to 19 made far more unsuccessful attempts at suicide than lads of the same age-range. At every other age, male attempts, successful and unsuccessful alike, greatly outnumber female attempts.

Particulars supplied regarding each unsuccessful attempt indicated that conditions of occupation, the nature of the method adopted, and a difference in social pressure where conventions had been defied helped to account for this reversal of the sex ratio.

Young girls leaving school and entering upon domestic

INTRODUCTION: Continued.

service had to adjust night and day to an unaccustomed household. Just at the time when the menstrual function was being established, these individuals left the home circle with its intimacy and sense of relaxation for a lonely existence, when approval must not be jeopardised.

When irritable from fatigue, from reprimand just or unfair, the common household poisons were in full view. Were a hasty attempt made, people in the house were often on the spot early enough to secure efficient aid.

Adolescent lads more often live at home, going each day to work definite hours. On such occasions as such lads make suicidal attempts, there is perceived as a method, the newly-acquired razor, the gas-jet or some other means likelier to cause death than iodine or lysol. Thus it comes about that about one-fourth of male adolescent attempts are abortive, whereas more female adolescent attempts are ineffective than not.

Because yearly variation in suicide was discernible, the possibility of correlation with conditions of trade and industry in Scotland was investigated. The result made it clear that there is no close correlation between variation in financial conditions and in the incidence of suicidal attempts. Similar enquiry in United States of America and in Germany had produced the same conclusion.

Another approach to the relation of financial over-pressure consisted in studying the variation in the numbers of those seeking work, side by side with the suicide figures. The investigation showed that there was less unemployment in summer, and more suicides in summer.

INTRODUCTION: Contd.

Within the Capital, an analysis was made of the City following the Police plan. Five Divisions were lettered A,B,C,D,and E respectively, the last named being the Port area.

There proved to be most overcrowding in Division A and most suicidal attempts.

Attempts occurring in questionable residences, especially in the rooming-area, were most numerous in Division B. Though Division B is, numerically, the smallest Division, it furnished the largest number of attempts in which excessive drinking was certainly a factor.

It was interesting to note that the percentage of suicide influenced by alcoholism is not very different for the two sexes in Edinburgh, but it is three times as great for men as for women in small burghs and rural areas.

There was a difference in the number of single individuals making suicidal attempts in the several Divisions. The rooming-area of Division B was distinguished by an excess of attempts made by individuals without family ties.

There was scarcely any unemployment in the cases reported from Division C, a residential section, but half the male cases in B were unemployed. Mental depression prior to the event was reported most frequently from B; though more cases under medical care for mental disorder were in C.

Sex differences in methods adopted were found to be the same in the Capital as in the country at large.

The data from abortive attempts over the seven year period were then classified and studied.

INTRODUCTION: Continued.

One interesting group of cases was that of children under 18 years of age. There were seventeen cases, only one boy being included.

The findings may be summarised as follows:

Underlying factors:- Physiological epoch with over-fatiguability, irritability, intolerance of criticism, unreasonable demands.

Danger signals:- Sudden changes in behaviour.
Changed disposition.
Preference for undesirable company.

Preventive steps:- Avoidance of coercion, sermonising, and all emotional appeals.
Adoption of attitude as towards ill-health.
Lessened demand for effort.

Of known mental defectives, there were 4% of each sex. The individual case-studies (Section II) suggest that this percentage is entirely too low and probably covers only imbeciles whose recognition requires no expert procedures. The distribution by sex was equal, but more of the defective girls were in their 'teens. A summary of findings runs as follows:

Description:- Mental defect complicated by unruliness.
" " " by inability to pay her way.
" " " lack of protection.
" " " ill-treatment.
" " " fear of police.
" " " drinking to excess.

Frequent factors: (Situation too complicated for a defective to cope with.

(Consciousness of disappointing relatives.

Preventives: { Ascertainment of defect in childhood.
Provision of adequate protection and supervision.
Prohibition of marriage.

INTRODUCTION: Continued.

Another group studied was composed of pregnant single women. Significant factors were:

loss of employment because of pregnancy.
family reproach.
desertion by lover.

None of the women in this group was known to frequent loose society; and half of the attempts followed words with an unmarried sister.

There were three cases preceded by a violent attack upon wife or sweetheart; and one case of mutilation of the person just prior to the attempt. (Male.)

Suicide pacts are exceedingly rare. Only two instances of abortive attempts followed a suicide pact. One was a case of a girl whose husband was suing for a divorce on the ground of unconsummated marriage. The pact was with her mother. The other was that of husband and wife. The husband in jealous frame of mind planned suicide, and his penitent wife decided to die with him. The arrangements seem to have been equally shared between them.

In the former case, the elder woman is supposed to have proposed the pact and been the active partner in carrying it out.

Cases in which an element of suggestion may be supposed to operate included three cases in which a brother had previously committed suicide; and one where the fact of a parent's suicide long ago may have had some bearing.

The effect of bereavement seemed clearest in the male cases. One instance followed the death of his mother and two others followed a wife's death. There was also a case of a single woman whose mother's death meant her

INTRODUCTION:-Continued.

return from outside employment to keep house for her father.

Neither in these nor the preceding cases is it suggested that the common factor was the decisive one, much less the only one.

A number of individuals attempting to end their lives were faced with Court proceedings; and many were cases having lengthy lists of convictions. The offences of which they had been convicted included theft and housebreaking, embezzlement, indecent offences, and minor offences when intoxicated.

It was of interest to consider the rôle of unemployment in these cases, in order to confirm the impression derived from the statistical survey. The conclusion was reached that unemployment was not a cause of suicidal attempts; but that, where there was illness, love-disappointment, irritation at reprimand, coercion, or unfairness, it was often a complicating factor.

Over 40% of cases seemed to be influenced by the effect of illness. 20% had previously been under medical care for bodily illness.

There was also a considerable percentage who had been under medical care for nervous troubles, more or less serious, and still others who had been recognised as 'queer', but not taken to a doctor. An interesting point was the variation in method adopted when ill-health or insanity complicated the situation.

INTRODUCTION: Continued.

There were 113 cases in which excessive alcoholism coloured the picture. This group was characterised by more ill health, more unsoundness of mind, and greater irritability than the suicidal group as a whole. 17% of the women who drank to excess had made previous attempts at suicide.

The failure to secure constant supervision of cases known to be depressed is significant of the need for education, both lay and professional.

Such in brief summary was the information available as to the the nature of the problem in Scotland. Only a few of the attendant circumstances would come to light when instances were surveyed in large numbers some time after the date of each attempt. It was now necessary to make intensive investigation of individuals recovering from self injury.

Specimen Case-Notes are given in Section II. As diverse a group as possible is represented considering limitations of space. Some in good physical health, others gravely ill; some old, some middle-aged, and some young; some of good average intellect, some poorly endowed and some imbeciles, are included. However, many cases of great interest had just as much claim for inclusion as the given specimens. As 87 studies would not be read, arbitrary selection was necessary.

When it was desired to group cases as regards motivation, extreme difficulty was encountered. The problem is highly individual. There are 87 types of motivation, ^{were found} not some half-dozen.

Information as to the number of unsuccessful attempts at suicide and light upon attendant circumstances could only be supplied by the courtesy of the Chief Constable in each burgh and county. It was no light task to make exhaustive enquiries about each case, and to search the records for relevant notes. Where records of suicidal attempts are made, there was as a rule a disposition to ~~assist~~ the enquiry into motivation by completing the necessary Forms. It is not claimed that all the factors influencing each attempt would be on record. It was probable that the motives alleged would be among the significant ones. Moreover, the testimony of neighbours or relatives as to the disposition, history, health, grievances, associates, character, when given under such circumstances, was of interest. There is no reason to doubt the essential trustworthiness of data supplied as to age, marital condition, occupation, method adopted, and so on. And such data are very important when suicide is considered.

It is with pleasure that we acknowledge, therefore, the courtesy and help of the Chief Constable in each of the following Burghs:

- The Burgh of Coatbridge.
- The City of Dundee
- The Burgh of Dumbarton
- The City of Dunfermline
- The City of Edinburgh
- The City of Greenock
- The Burgh of Inverness.
- The Burgh of Kirkcaldy
- The Burgh of Lerwick.
- The Burgh of Motherwell and Wishaw.
- The City of Perth.
- The Burgh of Stirling.

and in each of the following Counties:

- The County of Angus. The County of Argyllshire. The County of Ayr
- The County of Fife. The County of Clackmannanshire.
- The County of Dunbartonshire. The County of Dumfries.
- The County of Inverness. The County of Kincardineshire.
- The County of Moray-Nairn. The County of Orkney. County of Peebles
- The County of Roxburgh. The County of Stirling.
- The County of Sutherland.

SCOTLAND.

In Scotland, there is a north-east to south-west belt of country in which effective attempts at suicide are twice as frequent as they are in areas to the west of it. Though rather smaller in extent, the suicide belt contains almost three times as many people as the western area. A belt of intermediate frequency covers the Border counties.

COUNTIES IN THE SUICIDE BELT OF SCOTLAND.

AVERAGE FREQUENCY OF ATTEMPTS, 1925-31.

(Population shown in thousands.)

NTY.	MALE POP. THOUSANDS.	SUICIDES PER 100,000.	FEMALE POP. THOUSANDS.	SUICIDES PER 100,000.
thness	12	14.3	13	3.3
ff	26	19.6	28	3.1
rdeen	142	17.5	158	6.6
cardine	19	16.5	21	5.4
us	123	21.8	147	10.5
th	57	19.6	64	7.8
e	134	16.3	142	5.1
Skmanan	15	18.1	17	9.4
Lothian	23	13.6	24	3.9
lothian	243	20.7	283	7.8
rk	775	12.4	810	5.6
oudbright	15	16.1	16	8.0

 Total 1,594,000 males 17.2 average. 1,723,000 females 6.4 average.

SUICIDE FREQUENCY IN THE BORDER COUNTIES.

TY.	MALE POP. THOUSANDS.	SUICIDES PER 100,000	FEMALES . THOUSANDS.	SUICIDES PER 100,000
ick	13	11.0	14	3.1
urgh	30	15.2	25	6.3
irk	10	14.3	12	8.3
ries	38	12.8	43	4.3
91,000		13.3 average	94,000	5.6 average.

SUICIDE FREQUENCY IN THE WESTERN BELT AND ISLANDS.

AVERAGE FREQUENCY OF SUICIDES, 1925-31.

COUNTY.	MALE POP. THOUSANDS.	SUICIDES PER 100,000.	FEMALE POP. THOUSANDS.	SUICIDES PER 100,000.
Atland.	9	4.4	12	2.4
Orkney	11	2.6	11	2.6
Shetland	7	8.9	8	5.4
Highland & Cromarty	30	7.6	33	1.3
Perth & Kinross	41	9.0	41	1.5
Argyll	40	7.5	32	2.6
West Dunbarton	72	9.3	76	3.7
West Lothian	84	9.8	83	4.5
West of Scotland	138	10.3	150	4.4
West of England	137	9.7	148	2.5
West of Wales	14	10.2	15	4.5
TOTAL	583,000	8.1 <u>aver.</u>	609,000	3.2 <u>aver</u>

UNGROUPED COUNTIES.

Highland & Perth	23	6.8	26	2.2
Highland & Perth	3	8.1	4	0.0
Highland & Perth	42	6.8	39	3.2
Highland & Perth	7	2.0	8	7.1
TOTAL	75,000	5.7 <u>aver.</u>	77,000	3.1 <u>aver</u>

SUMMARY.

	MALE POPULATION	FREQUENCY.	FEMALE POPULATION.	FREQUENCY
W.	1,594,000	17.2	1,729,000	6.1
	91,000	13.3	94,000	5.6
n.	583,000	8.1	609,000	3.2
ped	75,000	5.7	77,000	3.1

DISTRIBUTION OF SCOTTISH SUICIDES ACCORDING TO LOCALITY.

COUNTY.	SEVEN-YEAR PERIOD.			
	MALE POPULATION.	AVERAGE NO. PER 100 000	FEMALE POPULATION.	AVERAGE NO. PER 100 000
ABERDEEN	141 908	17.5	158 462	6.6
ANGUS	122 616	21.8	147 574	10.5
ARGYLL	40 454	7.5	32 560	2.6
AR	136 691	9.7	148 491	2.5
ARFF	26 555	19.6	28 280	3.1
ARWICK	12 778	11.0	13 823	3.1
ARUTE	8 152	3.6	10 663	0.0
ARITHNESS	12 474	14.3	13 182	3.3
ARACKMANNAN	15 195	18.1	16 752	9.4
ARMBARTON	72 089	9.3	75 662	3.7
ARMFRIES	38 432	12.8	42 628	4.3
ARST LOTHIAN	23 019	13.6	24 350	3.9
ARIFE	134 548	16.3	141 713	5.1
ARVERNESS	41 082	9.0	41 000	1.5
ARINCARDINE	19 026	16.5	20 828	5.4
ARINROSS	3 549	8.1	3 905	0.0
ARKCUDBRIGHT	14 626	16.1	15 715	8.0
ARKARK	775 179	12.4	810 784	5.6
ARLOTHIAN	243 428	20.7	282 849	7.8
ARAY-NAIRN	23 205	6.8	25 794	2.2
ARKNEY	10 673	2.6	11 457	2.6
ARBLES	6 831	2.0	8 219	7.1
ARRTH	56 679	19.6	64 093	7.8
ARNFREW	138 297	10.3	150 278	4.4
ARSS AND CROMARTY	29 842	7.6	32 960	1.3
ARBURGH	29 835	15.2	24 952	6.3
ARKIRK	10 325	14.3	12 283	8.3
ARIRLING	83 848	9.8	82 599	4.5
ARHERLAND	7 466	8.9	8 134	5.4
ARST LOTHIAN	41 995	6.8	39 431	3.2
ARTOWN	13 924	10.2	15 375	4.5
ARLAND	9 539	4.3	11 871	2.4

As there are 2,326,000 males in Scotland, and 2,517,000 females, the incidence of suicide is 11.6 per 100,000 for males and 4.8 per 100,000 for females over the seven year period, under consideration.

By far the greatest number of people of both sexes live in the large cities; there being 1,250,000 males and 1,381,000 females in large burghs; 338,000 males and 392,000 females in smaller burghs; and 738,000 males, and 744,000 females in rural districts. In 1931, there were 347 male suicides. Of this number 216 occurred in large burghs. In the same year, 146 women committed suicide, 97 being in large burghs. The percentages then are

Males.		Females.	
Large Burghs	Rest of Scotland.	Large Burghs.	Rest of Scotland.
17.7 per 100,000	12.1 per 100,000	7.0 per 100,000	4.4 per 100,000

In Scotland, then, urban conditions govern the majority of suicidal attempts when these are successful. The following table makes it clear that for the unsuccessful attempts reported to the police in districts where records are available, a similar inference seems warranted.

810 Cases of Ineffective Attempts at Suicide. Scotland.

Males, 405.									Females, 405.								
	1925	1926	1927	1928	1929	1930	1931	1932	TOTAL								
attempts	19	42	40	31	46	40	34	37	288								
"	13	9	18	9	17	24	22	4	117								
"	32	51	58	40	63	64	56	41	405								
attempts	21	35	36	41	49	35	40	33	290								
"	7	12	17	16	20	19	21	3	115								
"	28	47	53	57	69	54	61	36	405								

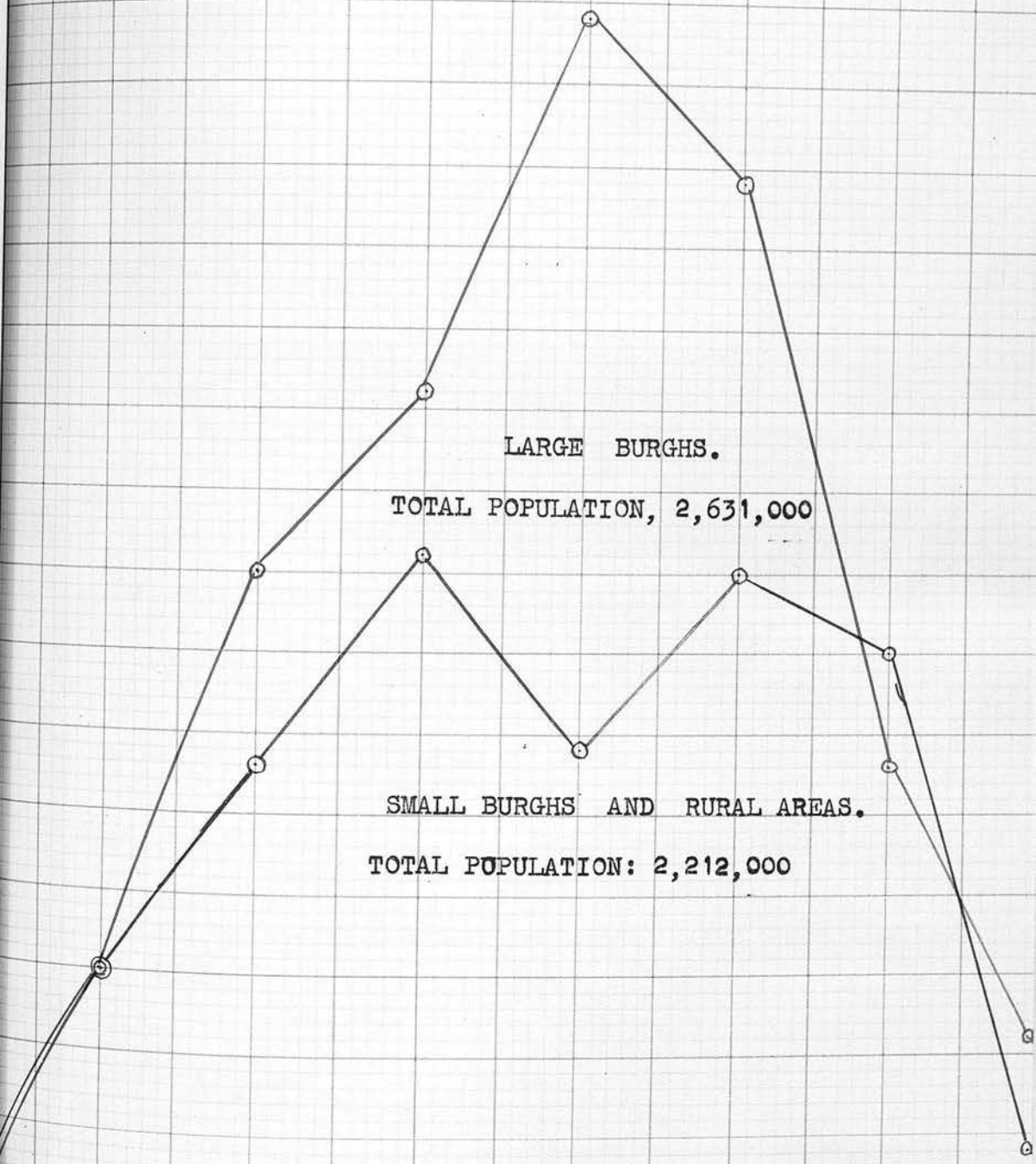
MOTIVATION OF ATTEMPTED SUICIDE.

AGE DISTRIBUTION OF SUICIDAL ATTEMPTS.

LARGE BURGHS COMPARED WITH REST OF SCOTLAND.

1931

Number of cases.



LARGE BURGHS.

TOTAL POPULATION, 2,631,000

SMALL BURGHS AND RURAL AREAS.

TOTAL POPULATION: 2,212,000

4 yrs. 15-24 yrs. 25-34 yrs. 35-44 yrs. 45-54 yrs. 55-64 yrs. 65-74 Over 74
AGE-GROUPS.

Note the heavy urban incidence between 45 and 65 years.

MONTHLY DISTRIBUTION OF SUICIDAL ATTEMPTS IN CITIES
EAST AND WEST COAST.

1 9 3 1

	JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.
BURGH	6	2	3	8	5	10	8	4	4	3	5	2
WEST	0	0	3	2	2	0	4	3	2	1	2	0
EAST	3	1	2	0	4	3	2	2	2	0	3	2
CITIES	9	3	8	10	11	13	14	9	8	4	10	4
TOTAL	12	5	9	7	12	9	11	11	7	14	6	9
WEST	5	1	0	1	1	0	1	1	1	0	0	1
EAST	17	6	9	8	13	9	12	12	8	14	6	10

Note that the incidence in January, October, and December is high in the West and low in the East; while it is low in the West and high in the East in April, June, and November.

1 9 3 1

MONTHLY DISTRIBUTION OF SUICIDE IN <u>ALL</u> LARGE SCOTTISH BURGHS												
JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL
23	7	13	21	22	18	18	19	18	11	13	13	196
3	6	12	3	6	11	10	5	3	14	6	8	87

There are 66 male suicides as against 12 female suicides in the months January, April, and May.

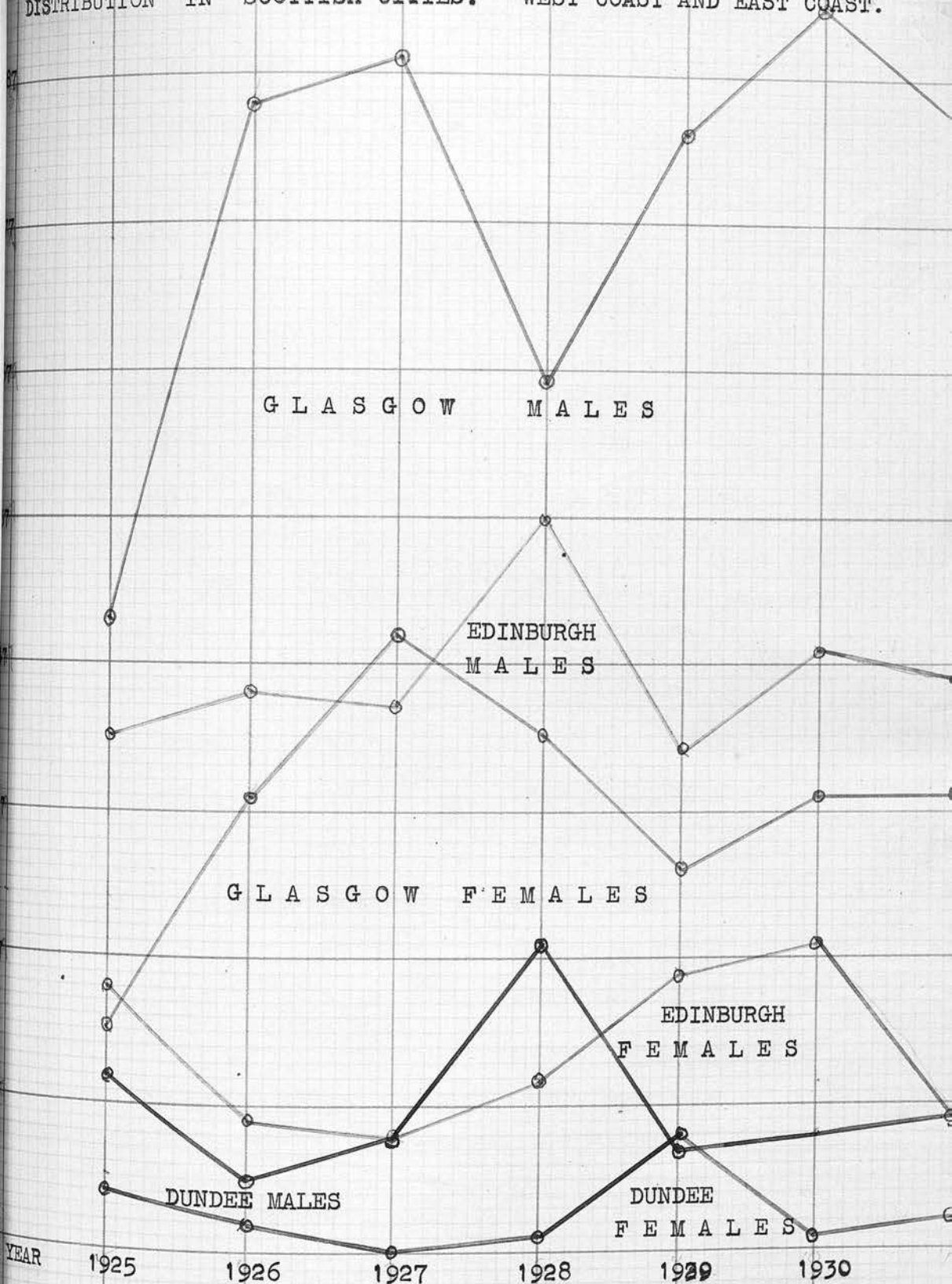
There are 26 female suicides as against 24 male suicides in the months, March and October.

DISTRIBUTION OF SUICIDAL ATTEMPTS IN THE <u>LARGE BURGHS</u> AS COMPARED WITH <u>RURAL AREAS</u> . <u>1 9 3 1</u> .									
Groups...	0 - 14.	15 - 24.	25 - 34.	35 - 44.	45 - 54.	55 - 64.	65 - 74.	Over 74.	Years
BURGHS	0	15	40	51	74	64	28	11	
RURAL AREAS AND BURGHS	1	15	31	41	29	40	35	4	
TOTAL	1	30	71	92	103	104	63	15	

NOTE THAT THE TOTAL POPULATION IN THE LARGE BURGHS IS 2,631,000; AND THAT IN THE RURAL AREAS IS 2,212,000.

NOTE THE HEAVY URBAN RATE FROM 45 TO 65 YEARS.

DISTRIBUTION IN SCOTTISH CITIES! WEST COAST AND EAST COAST.



NOTE THE SIMILARITY OF YEARLY INCIDENCE ON THE EAST COAST
FOR BOTH MALES AND FEMALES. .
THE OPPOSITE TREND ON THE WEST COAST.

MOTIVATION OF ATTEMPTED SUICIDE.

DISTRIBUTION BY AGE AND SEX. SCOTLAND, 1925 -1931.

M.A.L.E.S.F E M A L E S.

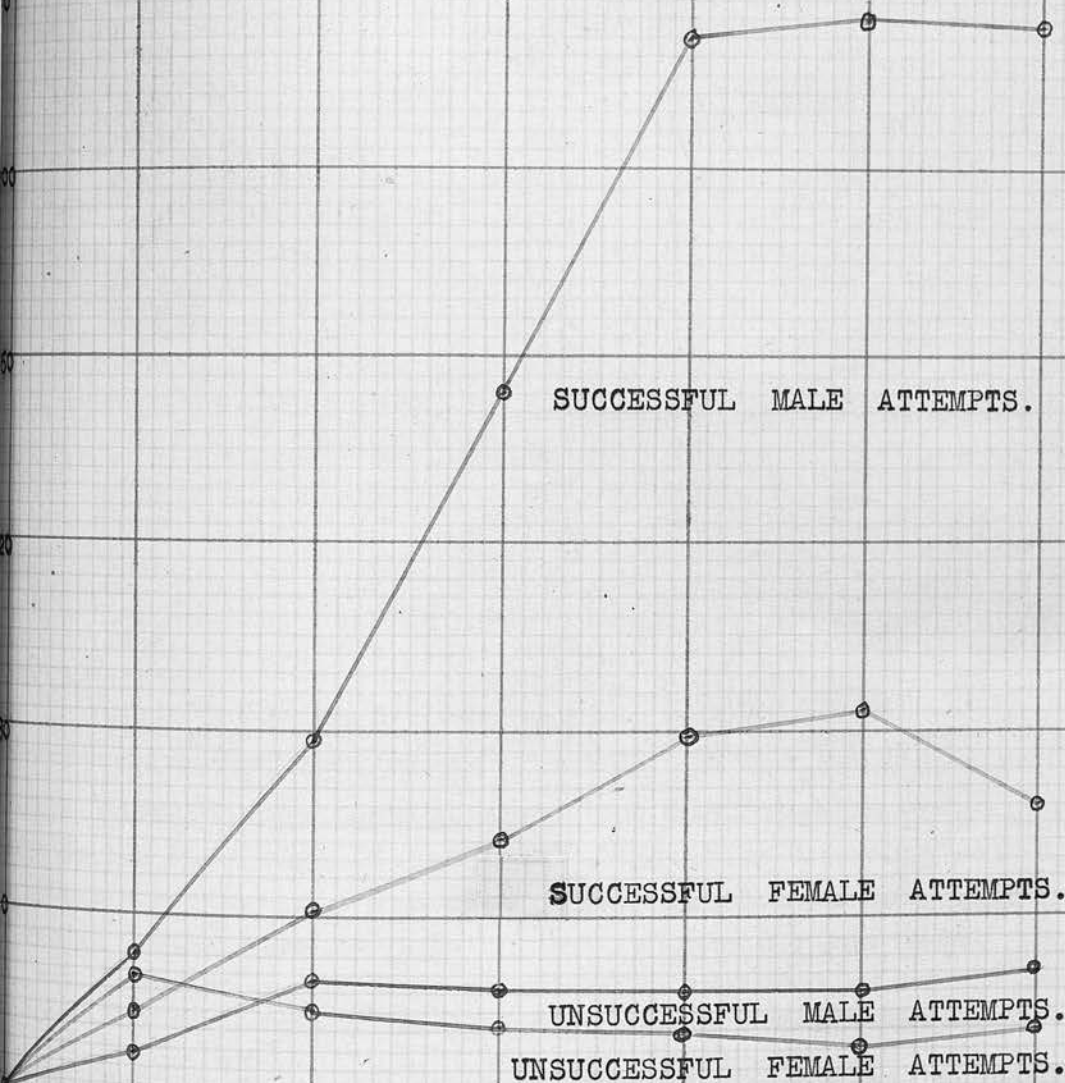
AGE GROUP.	POPULATION.	UNSUCCESSFUL SUICIDES.		POPULATION.	UNSUCCESSFUL SUICIDES.	
		SUICIDES.	SUICIDES.		SUICIDES.	SUICIDES.
Under 15 years	673 000	3	1	639 000	2	1
15-24	418 000	136	50	426 000	85	118
25-34	371 000	290	101	403 000	163	91
35-44	276 000	420	69	337 000	191	59
45-54	253 000	577	61	293 000	232	47
55-64	212 000	492	51	228 000	192	30
65 and over	146 000	338	41	188 000	121	30

AGE GROUP.	NUMBER PER 100 000 AT EACH AGE.		NUMBER PER 100 000 AT EACH AGE.	
	M A L E S.		F E M A L E S.	
	Successful.	Unsuccessful.	Successful.	Unsuccessful.
Under 15	.44	.15	.31	.16
15-24	32.5	11.9	19.9	27.7
25-34	78.1	27.2	40.4	22.5
35-44	152.2	25.0	56.7	17.5
45-54	228.0	24.0	79.2	16.0
55-64	232.1	24.0	84.2	13.1
65 and over	231.5	28.0	64.3	16.0

The total number of attempts per 100 000 increases for each sex till the decade, 55-64, is attained, and thereafter decreases. At every stage, the total number is greater for males than for females, save in early maturity from 15 to 24 years. From age 25 years, on, male attempts are considerably more than twice as frequent.

NUMBER PER 100 000 OF THE POPULATION OF EACH AGE AND SEX

Under 15 years. Years 15-24 Years 25-34 Years 35-44 Years 45-54 Years 55-64 Over 64 years.



GRAPH TO SHOW THAT THE PROPORTION OF SUICIDES INCREASES WITH AGE.

NOTE THE LARGE PROPORTION OF UNSUCCESSFUL FEMALE ATTEMPTS IN THE DECADE 15 - 24 YEARS.

DISTRIBUTION ACCORDING TO AGE AND SEX. SCOTLAND, 1925-32
IN AREA WHICH RECORDS INEFFECTIVE ATTEMPTS.
MALES. FEMALES.

	Successful.	Unsuccessful.	% of Attempts.	Total number.	Successful.	Unsuccessful.	% of Attempts.
3	2	1	33%	3	2	1	33%
53	42	11	21%	103	34	69	67%
118	74	44	37%	102	41	61	61%
166	112	54	34%	121	66	55	46%
195	141	54	28%	114	75	39	34%
216	171	45	21%	109	71	38	35%
213	173	40	19%	126	94	32	26%
260	233	27	10%	145	116	29	20%
301	259	42	14%	110	85	25	23%
247	220	27	11%	109	93	16	15%
219	192	27	12%	89	73	16	18%
165	146	19	12%	70	53	17	24%
90	81	9	10%	33	27	6	18%
32	32	0	0%	11	11	0	0%
23	18	5	22%	5	4	1	20%
301	1896	405 (17.6%)	21%	1250	845	405 (32%)	48%
250	845	405 (32%)	48%				
351	2741	810 ^x (23%)	30%				

The column headed Unsuccessful shows the distribution of all cases coming to the knowledge of the Chief Constables, in counties, burghs, and cities where records are kept. The practice is not uniform throughout Scotland; hence this number is considerably less than the real total. As the number reported may be regarded as an unselected sample of the real total, the distribution is significant.

The ineffectiveness of attempts made by girls between 15 and 24 years of age 60-70% being unsuccessful.

Twice as many girls between 15 and 19 years of age attempt suicide yet there are more male deaths. The fact that six times as many girls at the late adolescent period make ineffective attempts at suicide, as compared with boys, may indicate greater impulsiveness, or the absence of effective means or opportunity. Many of the girls took household poisons in their own homes or where they were at service; and assistance was soon procured for them.

125 women were occupied within the house, where opportunities for attempting suicide were numerous, but where the chance of discovery before it was too late to render aid was fairly good. Impulsive attempts following reprimand or quarrel were frequent.

27 domestic servants, average age, 19 years.

70%	employed household poisons	(Average age, 19.)
15%	attempted drowning.	(" ", 21.)
15%	employed coal-gas.	(" ", 17.)

20 housekeepers, average age, 40 years.

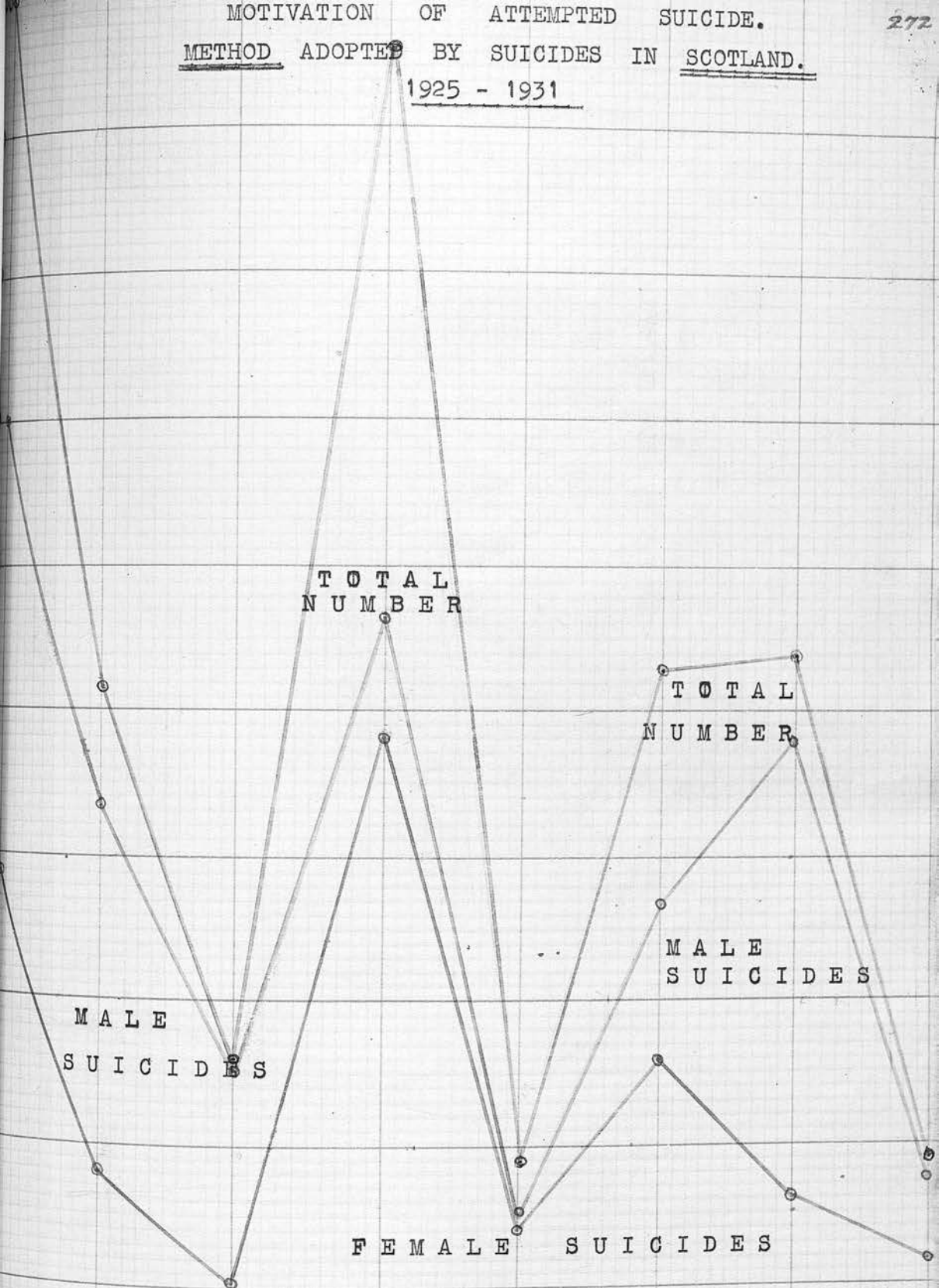
40%	employed household poisons	(" ", 31.)
25%	tried to cut their throats.	(" ", 48.)
15%	attempted drowning.	(" ", 40.)
10%	used coal-gas.	(" ", 48.)
5%	threw themselves under train.	(" ", 27.)
5%	jumped from windows.	(" ", 31.)

78 housewives, average age, 40 years.

34.6%	employed household poison.	(" ", 33.)
24%	attempted drowning.	(" ", 42.)
23%	tried to cut their throats	(" ", 45.)
17%	used coal-gas.	(" ", 42.)
1.4%	jumped from windows.	(" ", 62.)

It is obvious that poisons are used by younger women in the groups whose average age is 40 years, and by 70% of the young servants. Cutting the throat and other violent methods are used by older women, as a rule.

MOTIVATION OF ATTEMPTED SUICIDE.
METHOD ADOPTED BY SUICIDES IN SCOTLAND.
1925 - 1931



COMPARE THE DISTRIBUTION ACCORDING TO METHOD ADOPTED IN SCOTLAND WITH THAT IN NEW YORK STATE.

METHODS ADOPTED BY SUICIDES IN THE STATE OF NEW YORK.

(FROM FIGURES ISSUED BY THE DEPARTMENT OF HEALTH.)

1930

NUMBER
OF
CASES.

700

600

500

400

300

200

100

0

ENTIRE STATE

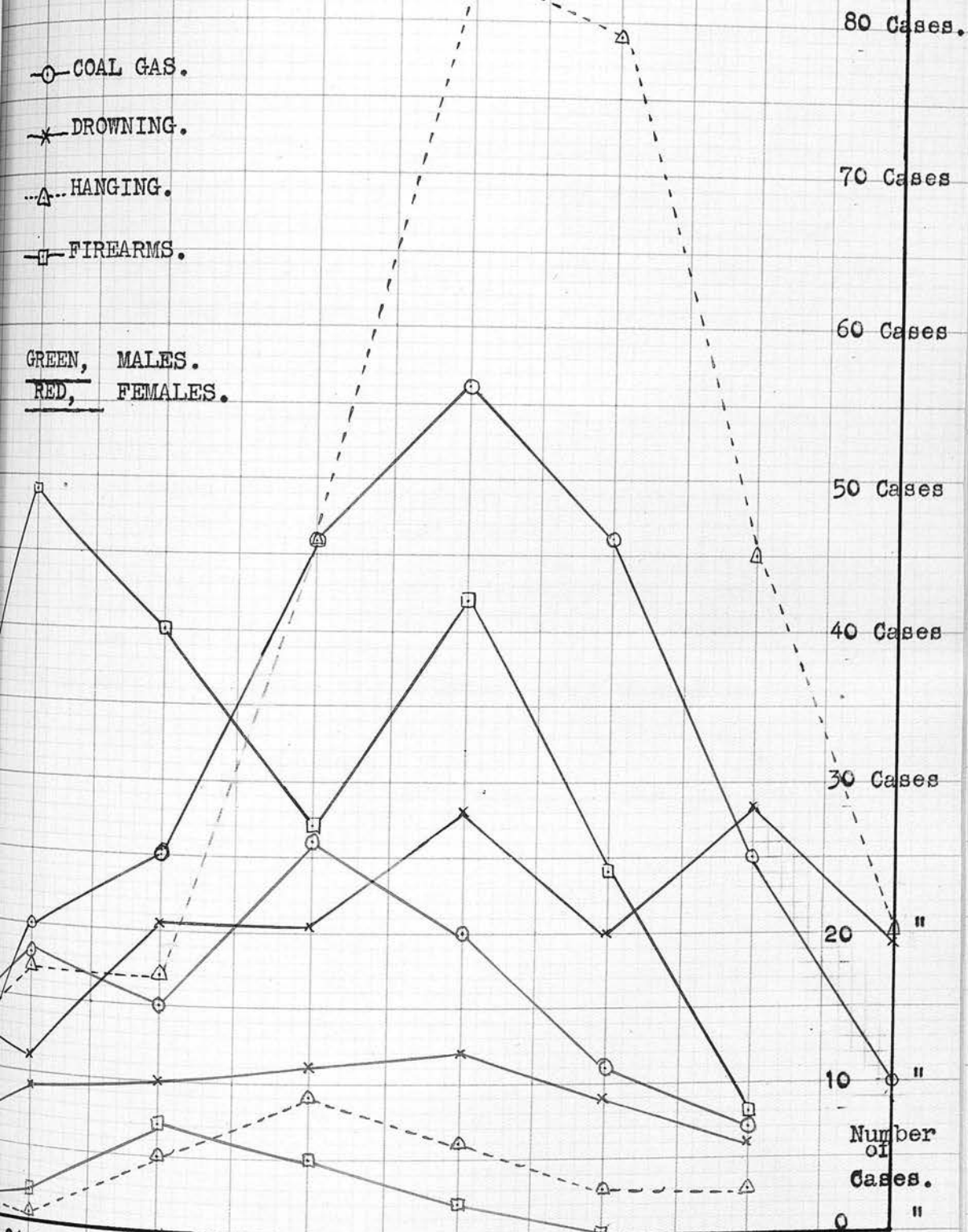
CITY OF NEW YORK.

HANGING. FIREARMS. POISON. JUMPING. DROWNING. CUTTING. Other
the greater frequency of jumping as a method in New York City.

METHOD ADOPTED BY MEN AND WOMEN COMMITTING SUICIDE.

HAMBURG. 1923-30.

(1,127 cases: 904 males; 223 females. After E.Brack.)



21-25yrs. 26-30yrs. 31-40yrs. 41-50yrs. 51-60yrs. 61-70yrs. Over 70

Note: Younger men use firearms; older men hang themselves or use Gas

England and Wales.

There has been no increase in suicide among young people in the past 40 years. There were more attempts between the ages 20 and 24 than between the ages 15 and 19, but the actual number of post-adolescent attempts is only 8% of all suicides. In these years, the male and female ratios closely approach each other, almost identical in the years 20-24, the male ratio becomes preponderating, 1.3 to 1. In subsequent decennia it quickly becomes 3 to 1. Later it becomes as high as 6 or 7 to 1. Taking all ages together, the ratio between male and female is 3 to 1.

There is no method at all which is equally favoured by both sexes.

More males resort to crushing and to firearms.

More women jump from high places.

More males use cutting or piercing instruments.

Drowning and gas are most frequently used nowadays.

More men hang or strangle themselves.

More women use poison.

The number of attempts is not known, only those discovered.

-- Sir Hubert Bond.

Brit. Medical Journal. Aug. 8th. 1931.

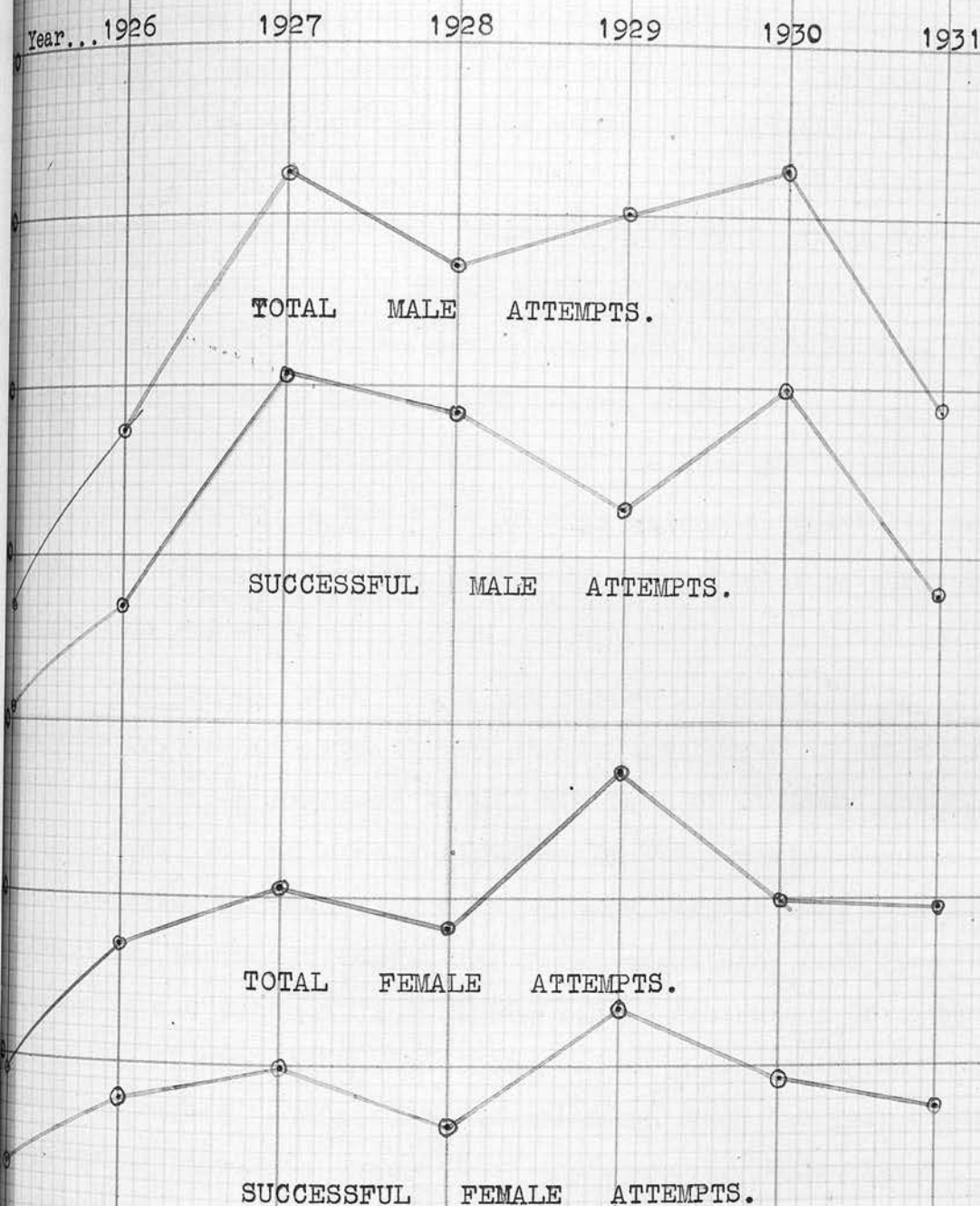
MOTIVATION OF ATTEMPTED SUICIDE.

The accompanying graph shows the yearly incidence of suicide in Scotland. 1927 and 1930 were peak years for male successful attempts. 1929 was characterised by a marked increase in the number of ineffective attempts at suicide.

It is interesting to note that though there was a general strike in 1926, which meant the entire cessation of coal production from the beginning of May until the end of the year, with consequent unemployment of miners and workers in dependent trades, and though the disturbed conditions in China caused a sharp decline in the cotton industry with correlated hardship for employees, the increase in the number of suicides was not as great as in the following year, when trade began to settle down after the strike.

Industry had fallen into so deep a depression that even at the end of 1927 a satisfactory normal level had not been attained. There were still over a million unemployed. Moreover, the unequal distribution of wages among the wage-earning class was causing intense dissatisfaction. The President of the Chamber of Commerce (Edinburgh) in his retiring address for that year stated that wages were much higher in occupations sheltered from foreign competition. Yet, in the unsheltered trades, a higher degree of skill was required necessitating a long and expensive preparation. World-wide competition made it necessary to secure strenuous exertion and all-round efficiency in the unsheltered trades.

The first quarter of 1928 showed an encouraging improvement; but this was not maintained, and not until the fall was there renewed recovery. There was still widespread unemployment; yet the number of suicides was less for both sexes. The total, however, was still greatly above the 1926 figure.



GRAPH TO SHOW YEARLY INCIDENCE OF SUICIDE IN SCOTLAND
 MALE POPULATION 2,326,000. FEMALE POPULATION 2,517,000

MOTIVATION OF ATTEMPTED SUICIDE.

In 1929, the condition of trade and industry was far from satisfactory. Some blamed the fact that we had to compete in world markets with countries whose costs of production were less than ours. The President of the Chamber of Commerce pointed out that imports of raw material -which would have provided work for our people - were down by £ 16½ million; whereas imports of manufactured goods which we could have made ourselves were up by £5 million. Both Germany and United States of America were exporting more than Britain, because of the home protection of industries. There was a new rise in male attempts especially in ineffective attempts, but the number of female suicides outstripped all previous records.

Throughout 1930, there was profound depression in trade and industry. Import and export statistics showed no progress toward recovery in overseas trade. The East of Scotland export trade in coal was adversely affected by the restriction of output clauses; the Scandinavian market being largely lost to Polish competitors. In industries of the first magnitude, coal, iron, engineering, and shipbuilding, there was no diminution of unemployment. Costs of production had increased in paper making, brewing, distilling, rubber manufacture, and printing. When the year closed, there was no immediate prospect of improvement. Under these discouraging conditions, we find that the number of suicides of males rose almost to the 1927 figure. The total female attempts were almost as numerous as in 1927; but were not up to the 1929 figure.

1931 was another difficult year. It was complained that trade and interchange were being brought to a standstill by tariffs,

quotas, and exchange restrictions. "The diminished spending power of the people has affected sales within the country. There is an uncertainty prevalent which destroys business." Rural suicides formed a larger percentage of the total number than heretofore; and there was a lower male total than there had been since 1926.

These notes make it plain that there is no close correlation between variation in financial stress and variation in the incidence of suicidal attempts; but that uncertainty, and the sense of injustice accompanying financial pressure increase suicidal inclination.

(The graph which represents the incidence of suicide according to age and sex, from 1925 to 1931, indicates that these factors were most potent in individuals from 45 to 65 years old. These are the years when family responsibilities are often heaviest, when health and vigour show a falling-off from the earlier levels, and when there is less certainty of findings/^{openings} of equal attractiveness, should retrenchment occur.)

Frenay found no significant increase of the suicide rate during the U.S.A. crisis in 1921, when from $3\frac{1}{2}$ to $5\frac{1}{2}$ million men were thrown out of work, thus affecting the security of from 10 to 15 million dependents.

On Frenay's calculation, the coefficient of correlation between commercial failures and the suicide rate was $r = 0.23$ positive but small.

In Germany, after periods of increased unemployment in 1923 and 1926, the frequency of suicide among employable men and women, thirty to sixty years of age, was not quite back to the pre-war figure.

After careful analysis of the distribution of suicides in United States, Frenay reports that the North-East and Central States have moderate suicide rates; the Southern States have very low suicide rates; and the Western States extremely high suicide rates. He found that 31% of Eastern cities had a suicide rate above the average U.S. city rate; that 77% of cities in Central States were above average; 88% of Southern cities (white population only.) were above the average city rate; and 100% of Californian and other Western cities were above city average rate.

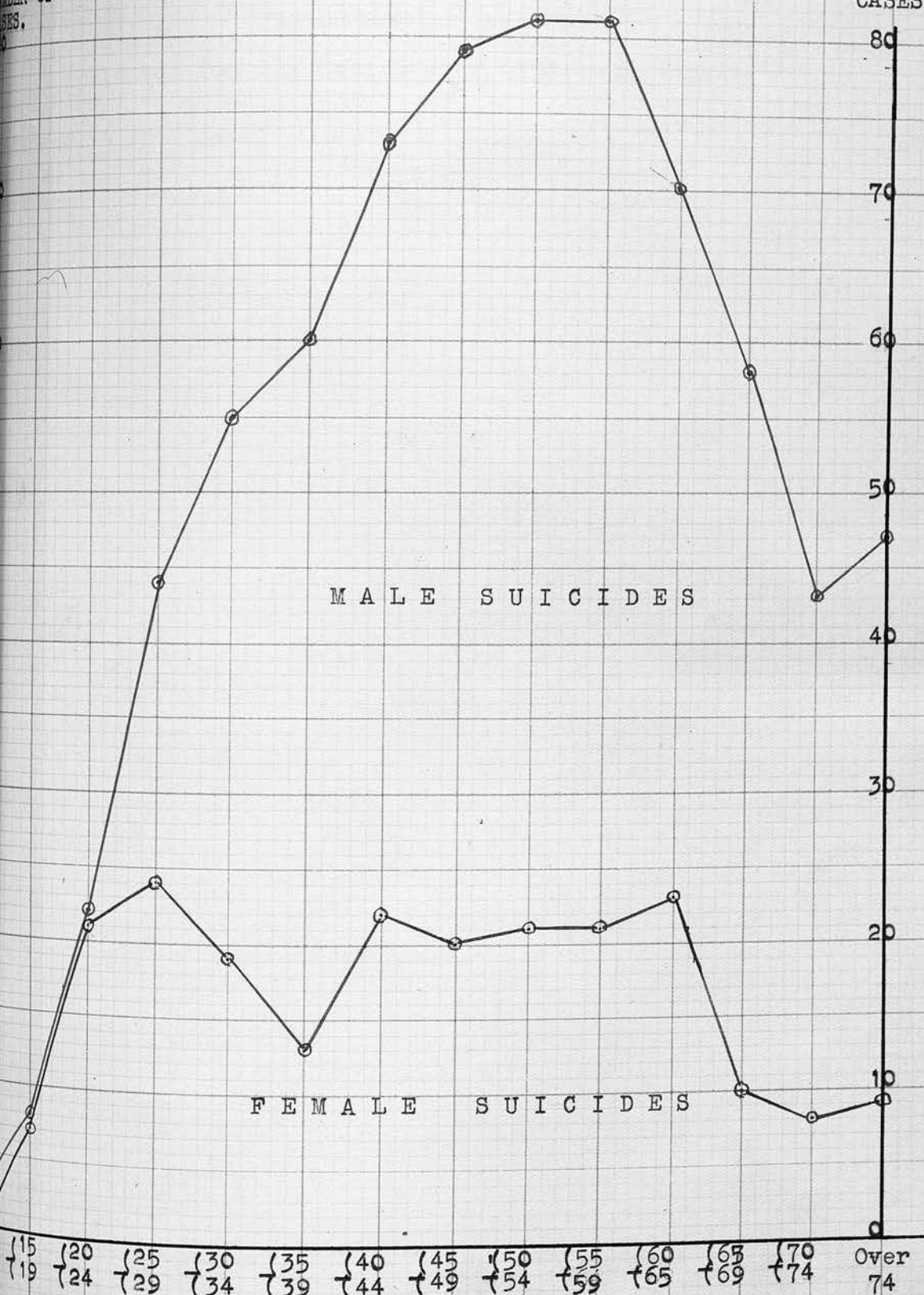
Cavan has pointed out that, as far as percentages of the population who adhere to any religion is concerned, the Far West had a smaller proportion of church members than the other sections of the United States. As a factor in lowering the suicide rate, Cavan thinks religion is influential because of "its organising and conservative tendencies, and ability to create a homogeneous community, as well as its attitude that suicide is sinful."

In the Spectator, May 14, 1931, (United States.) we find that the population of Greater New York, from 1920 to 1930, increased from 5,685,377 to 6,991,957; and that the suicide rate increased from 11.9 per 100,000 inhabitants to 20.1; a much greater increase. "Suicides are not limited to large cities but occur throughout the country, even in the smallest villages, where life is supposed to be free from the harassing anxieties of the modern struggle for existence..... The shams of our civilization lie at the root of the evil and are product-causes of the confusion which, inevitably, at present drives thousands to seek in suicide the only way out."

DISTRIBUTION OF ATTEMPTS BY AGE AND SEX. NEW YORK STATE.

NUMBER OF
CASES.

CASES

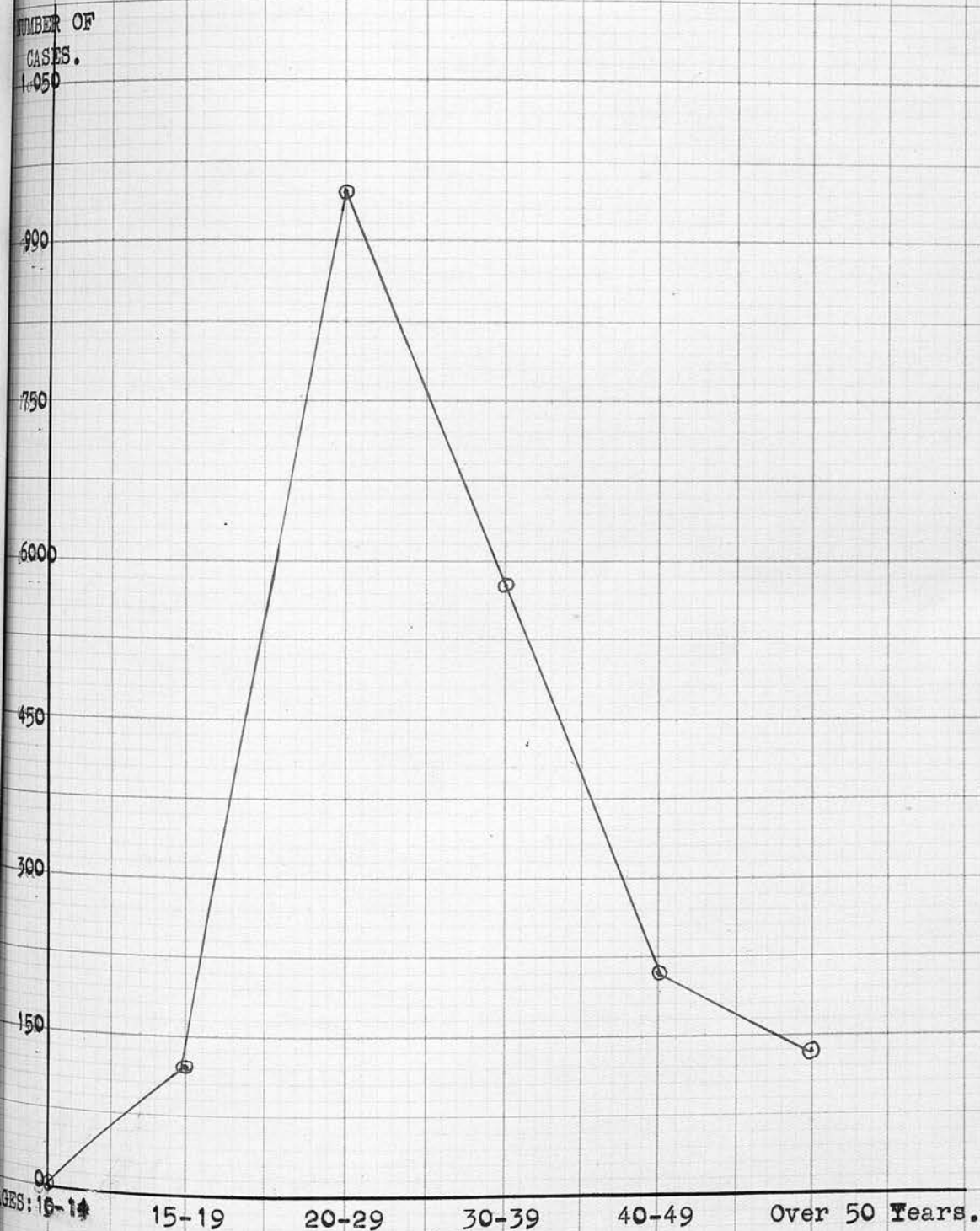


MALE SUICIDES NUMBERED 1.9% of TOTAL DEATHS. FEMALES, 0.6% of TOTAL.

2,300 CASES IN VIENNA.

UNSUCCESSFUL ATTEMPTS.

(Figures from the Social Service Bureau, Vienna. 1931)



CHILDREN UNDER EIGHTEEN YEARS OF AGE.

Of the children under 18 years of age, one was a boy.

This was an over-grown lad of 16 employed as a farm labourer. He had been in trouble for stealing money from his employer, though the matter was not taken to Court and he was not dismissed. His disposition had always been somewhat unusual, and he was described as queer and gloomy as well as unreliable. As far as could be ascertained, his health was good. He was in touch with his parents. The attempt to hang himself was quite deliberate.

The sixteen girls under 18 ranged in age from 14 to 17.

One excitable girl of 14, nervous but well-liked, had been accused by her elder sister of shirking her share of the housework. The parents were away from home at the time. She mixed with nice children, and her general health seemed quite good. The drinking of lysol was an impulsive act following words with her sister.

Another fourteen-year old girl had undesirable companions. She was very thin, and was described as very impatient. On the day of the attempt she had disobeyed her father about attending Mass. She wrote a note saying that she was going to gas herself rather than be whipped. When interviewed she seemed quite clear-headed.

A girl of 15 had been placed in service some distance from her home. Her general health seemed satisfactory but she was described as nervous. She wrote a note saying she was homesick and as she was not to leave her place, she was taking poison. She had no undesirable companions.

Another girl of 15, considered to be clearheaded and sensible, had found out that she was illegitimate. She told her companions that there were quarrels at home and that she did not seem to be wanted. The girl had been under medical care for nasal trouble and her general health was unsatisfactory. She said she was "fed-up", and took lysol on the impulse of the moment.

Half of the remaining girls in this group were 16 years of age, and half 17.

One sixteen year old girl did not get on well with her step-mother, seeming to resent all correction. Her own mother had committed suicide. Another, described as idle and unreliable by her employers, drank lysol on being dismissed from her situation. Two others, capable and honest, complained of unkind treatment from employers. In one case there was also quarrelling at home. All four seemed to be in good health and mixed with respectable companions.

The other two sixteen-year olds were keeping late hours in defiance of home rules. One was in service, the other living at home. The latter girl had two convictions for theft and she had made previous attempts to do away with herself. She had a craving for finery, dancing, and freedom from all discipline. When reproved she answered defiantly and recklessly, threatening suicide. When not given the money she demanded, she stole. She frequented loose company. Her health seemed satisfactory.

About one of the seventeen-year olds, not much is known. She was employed as a hat-b locker, was well-liked, steady, and capable. Her parents say that there had been a marked change in her disposition, that she was now obstinate and gloomy; but the cause was not known. She seemed to be in satisfactory health. Her attempt was quite deliberate.

Two domestics each seventeen, mixing with poor type of associates and with a court record for breaches of the peace, took poison. One made a deliberate attempt shortly after the death of her mother, retaining the embrocation from her father on a pretext that she wanted it for someone else; the other appeared to act on impulse.

A third domestic had stolen money from her employer, expected dismissal, and was afraid of her reception at home. She did not get on well with her step-father; and is described as an extravagant spender, fond of finery. Her act was impulsive.

Two seventeen-year olds made deliberate attempts to end their lives. Both had young illegitimate babies, and were unemployed. One was a cheerful girl who had been in service until her pregnancy was noticed. Her baby was three months old. The other girl was a rubber-worker, of very poor intellect. The father of her child had promised to marry her, but was already married. When her parents took action against him, and he was forced to pay for the child's maintenance, the girl alleges that he was angry and threatened her. She appeared to be much alarmed and worried.

In the seventeen cases reported of unsuccessful attempts at suicide by children under eighteen years of age, nearly half were by individuals described as of unusual disposition, and nearly a third were by those who preferred to associate with companions of easy morals- who could not afford to find fault with them.

At the physiological epoch, puberty, many individuals seem unable to function on costly levels. All self-discipline and self-mastery is costly, as is all observance of irksome rules. Avoidance of effort, clamouring for indulgences, inability to accept denial as reasonable, subterfuge, evasion, pilfering are signs that this difficulty is present in a given case. A condition described as nervous, impatient, irritable is usually in evidence also.

It should be recognised that the condition need only be temporary; and wise nursing, lessened demands for effort, a matter-of-fact assurance that more considerate behaviour will come with maturity are called for. Homilies upon unselfishness, gratitude to parents, self-control are not helpful, and are positively harmful if reinforced by emotional claims upon unstable adolescents. Coercion and punishment exaggerate the trouble and prolong it.

Sudden changes in the prevailing mood are especially significant as are sudden outcroppings of delinquency.

Should any family matter seem to the adolescent to be a matter to be concealed, to be ashamed of, an occasion for disparagement, and should that sensitive youngster be at all out of

health, affectionate observation is urgently called for. To gain time is everything. Rather than provoke conflict or tantrums by denying some form of excitement, suggest an equally attractive programme. If no modification is acceptable, be content with securing adequate chaperonage. Humouring is not to be construed as withdrawal of protection; but the manner of cheerful readiness to humour save where health or safety is obviously imperilled should be adopted. As far as possible avoid grumbling about the expense entailed in the child's hearing. Anxiety about money matters is quickly added to the tormenting dissatisfaction with self which is only pushed out of mind satisfactorily by "being on the go." Reproof from those loved, especially when recognised as deserved, frequently preceded suicidal attempts in adolescence.

Unstable girls, carried away by early love affairs, ready to believe easy promises, are not helped to wiser adjustment if, when a really serious situation has arisen, they are overwhelmed by reproaches by sisters and brothers because of the disgrace they have brought upon the family and the consequences it is likely to have.

They required nursing before; they require it much more now, when physical discomfort and demands for special effort must be met.

It is improbable that 4% represents the full incidence of mental defect in this group. Much more likely is it that those recognised as "soft" or "simple" by relatives and neighbours were really imbecile, and that cases of mere feeble-mindedness passed unrecognised.

There were more girls in their 'teens than boys among those attempting suicide. One was at Court for assaulting her father. She was an excitable girl only acceptable to an undesirable group. She was employed to clean out buses; but was unreliable quarrelsome, and of loose behaviour. Her demeanour at the interview was angry and resentful. She was of short, stout build and seemed robust. She was constantly unruly at home, could not be disciplined, and was very apt to become violent if opposed.

Another 18-year old was excitable. She lost situations as waitress, and was bewildered about money matters. There was a stepmother who expected her to pay her way. When she cut her throat it was because she was to be put out of her lodgings.

A girl of 19, known to be mentally defective, but employed in a factory at simple tasks, was jilted by her sweetheart. She cut her throat. A lad of 19 could not give satisfaction as a labourer, and became depressed because he was scolded for idleness. He attempted to drown himself.

Two elderly defectives attempted to do away with themselves when their husbands died and they found themselves alone and unable to manage. One imbecile of 40 with four children was grossly ill-treated by her husband, and after one beating when in poor health she drank lysol.

A man of 41 whose wife was even more defective than himself lived with their five children in a slum that was so filthy as to be unfit for habitation. In drink he became quarrelsome and

THERE WERE

there were seven convictions against him. Another man of 51 was employed as a motor driver. His health was unsatisfactory, and he was excitable and nervous. He was married and there were two children. He had a lengthy list of convictions for minor offences and breaches of traffic regulations. After his attempt to cut his throat, he was certified insane. A man in the middle thirties, unemployable, was reproached by his wife for drinking. He said he made the attempt to hang himself to spite her. He was idle and easygoing and excitable.

It would be wearisome to detail the remaining score of cases. Usually, these individuals of immature mentality, whether because of bereavement or dismissal or quarrels with those on whom they depend, are suddenly faced with real responsibility. When matters become too complicated for them and when they are conscious of disappointing their relatives the only thing they can think of to do, in order to end an unmanageable situation, is to attempt suicide. Many of the attempts are so ill carried out as to be almost absurd.

Apart from the two cases of mentally defective girls with illegitimate children, there were half a dozen cases of single women who reacted to the loss of situations because of pregnancy, particularly when brothers and sisters reproached them for bringing disgrace upon the family, by attempting suicide. One girl of 23, well liked, cheerful, capable, attempted to drown herself when her condition was noticed by her family. She said she was ashamed of herself, that the man was married.

Several of the girls had borne excellent characters until they became intimate with a particular individual. None was in the habit of associating with undesirable company. Several made impulsive attempts immediately after quarrels with members of their immediate families. In each case the girl was left to fend for herself by the lover. Only one knew that the man was not free, and in her case the man was her employer. The age-range was from 19 to 29.

In addition to these cases was a mill-worker of 21 years. She was a nervous excitable girl. Shortly before her illegitimate baby was born, she lost her situation. When the baby was six weeks old she had a conversation with the father. Her manner appeared strange after that. Her health remained unsatisfactory, and a fortnight later, she attempted suicide by drinking iodine.

A lad of 21, a farm labourer, became very depressed when his sweetheart changed her mind and became engaged to someone else. He was employed and living with his parents and his general health was satisfactory. He attempted to shoot a girl and then himself. Later he attempted to cut his throat. A man of 39 with a large family, out of work but usually in receipt of parochial relief, attempted to cut his throat. He was a constant drinker and had 22 convictions against him for breaches of the law, assault, and drunkenness. He was removed for observation as he seemed highly nervous and excitable. After his release, he attempted to cut his wife's throat and was sentenced to four years' imprisonment.

Another case of violent behaviour was that of a man of 45 years who attempted to stab his wife and daughter before turning the knife upon himself. He was out of work and was under treatment for angina pectoris. He complained that the pain was unbearable.

There was one case of self-mutilation prior to attempted suicide. This was a man of 25 years who stated that he knew he had contracted venereal disease. He was a single man, living at home and employed as a labourer.

A suicide pact was arranged by a woman and her married daughter. The mother died but the daughter recovered. The circumstances were unusual. The mother lived with the married couple, and the husband's father also lived with them. The marriage was never consummated; and, at the time of the pact, the husband was suing for a divorce on that ground. It was stated that the mother, a widow, had great influence with her daughter who was afraid of child-bearing. Both mixed with respectable people, were honest and in other ways sensible. The double attempt was deliberate; and they used coal gas for the purpose. After her recovery, the divorce was granted and this woman of 32 left the country.

Two middle aged men, one unemployed and the other holding a responsible position, were under arrest for indecent offences. The former was a widower, solitary and described as queer, who attempted to cut his throat. The other, a married man with two children, depressed and in unsatisfactory health, pierced an artery in his wrist while in custody. When interviewed he was quite clear-headed.

In a number of cases, individuals seemed to be very adversely affected by bereavement, and the suicidal bent may be directly traced to the demoralisation which resulted. One such case was an Ex-Navy man who had suffered from shell-shock. He had never married, but lived at home with his people. Though 38 years of age, he followed no occupation, his health being unsatisfactory. He was known to frequent bad company. Two days after his mother's death he attempted suicide by cutting his throat. At the enquiry he was in a nervous state, fretting over her death.

A labourer with a family of five children earning less than a hundred pounds a year made an impulsive attempt at suicide the day his wife died. He was a man of 32 years, steady, thrifty, and well-liked. When interviewed, he was in a confused state, stumbling about the loss of his wife.

An older man, 51 years of age, quarrelsome in drink, with a court record for breaches of the peace, but honest and well liked, attempted to cut his throat when his wife died. Shortly afterwards, a second attempt was frustrated by his doctor who happened to enter the chemist's shop where this man was purchasing lysol to complete the job".

A single woman of 31 years left her situation when her mother's condition became serious. If her mother died, she would need to live at home and look after her father. Death occurred, and the daughter was noticed to be profoundly depressed. Shortly afterwards, she made an ineffective attempt to cut her throat, and then jumped from the upper window.

MOTIVATION OF ATTEMPTED. SUICIDE.

In such cases, the complexity of motivation is clear, though there was not opportunity to unravel the factors operating. Another case in which bereavement complicated the issues with which an individual was faced, so that he sought death as a way out, is that of a man of 64, a retired draper. His wife had died three months earlier. In the interval he became friendly with another woman whom he promised to marry. Then it occurred to him that his association with the woman so soon after his wife's death would reflect adversely upon his reputation in the neighbourhood. He began to drink heavily, and became very despondent. Finally he made a deliberate attempt upon his life in his own home, using coal gas. Until this period, he was steady and respected as a mannerly, sociable individual. On recovery from his depressed state, he remarried and left the district.

Where a near relative had committed suicide, grief coupled with shame seemed responsible for the demoralised state. It may be, too, that there was an element of suggestion in these cases, though the method adopted was not the same. In only three cases was the attempt close upon the death of the brother. A single man of 35, an unemployed labourer, made a deliberate attempt to poison himself three ^{days} after his brother gassed himself. The man's health seemed satisfactory. He was regarded as sensible and kept good company; but he explained that he was very depressed by his brother's act. A married woman with three children, with a history of depression for 5 months following her brother's suicide, made an impulsive attempt to drown herself. In other cases, the way out of present difficulties seemed due to a parent's suicide long ago.

A number of cases were people who had many convictions against them, generally for minor offences accompanying drunken episodes. However there were offenders of more serious type, such as the seaman who had served a long sentence for scuttling a ship. There were 11 convictions against him.. At the time of his attempt he was a man of 60 with a grown up family. He was described as suspicious, nagging, and quarrelsome; and the police knew him as a troublesome character. He frequented undesirable quarters generally in drink, yet accused his wife of infidelity.

Several cases of embezzlement were recorded. One case was of a man in quite good position who began to tamper with his firm's monies. This conditions of affairs went on for some time without his being detected, but his state of mind was unhappy and anxious. He began to drink heavily. He was living at home with his wife and two children, was well liked, and mannerly, but regarded as extravagant. At the time of his attempt to end his life, he was 42 years of age. Another was in charge of a section of a hairdresser's business. He was a man of 36, married with five children. His disposition was suspicious, irritable, and stubborn; and there were frequent disagreements in the home and with his own people. Constant bouts of intoxication did not help the situation. Finally he attempted to gas himself. At the enquiry he was excited and resentful. Some months ^{later} he made a similar attempt, this time successfully.

A woman of 36, also a drinker, had four convictions against her for theft and one for housebreaking. She was a married woman in touch with her own people, but preferred to mix with undesirables. She was wilful and unreliable. Her attempt to as herself seemed deliberate. When frustrated on one occasion, she awaited a convenient opportunity to try again.

Unemployment was rarely named as the reason for the unsuccessful attempt at suicide, though it was frequently mentioned as a factor in the total unendurable situation. Two tables are attached which analyse the information obtained about individual attempts occurring in small burghs and rural areas. In such cases the police officers have more personal knowledge of the persons concerned and of their environment, social as well as material, than is possible in large cities. Illness complicates the difficulties of unemployed persons to the extent of 75% in the largest group of male unemployed, the group whose ages range from 20 to 39 years. In the older group, ages ranging from 50 to 64 years, where the prospect of new openings is extremely poor, ill-health was a factor in 57% of the cases. With older women, every case of unemployment was complicated by concomitant ill-health; but this was not so in the large female group of unemployed, those whose ages ranged from 15 to 24. Coercion, correction, overwork, and disappointment in love affairs produced irritability, recklessness and dismissal. The difficulty of seeking new employment without a satisfactory reference from the last place was mentioned by a number of the girls. It will be clear from the accompanying diagram that unemployment was twice as frequent among men. Excessive ^{drinking} was more than twice as frequent among men, and the excess of ill-health among male unemployed may not be unconnected with that fact.

Regrettable cases were found where serious depression followed repeated illness. One capable popular housewife, on the best of terms with husband and children, had several severe attacks of influenza which left her depressed and suicidal.

MOTIVATION OF ATTEMPTED SUICIDE.

ATTENDANT CIRCUMSTANCES NOTED BY POLICE. AGE INCIDENCE.

(Cases occurring in small burghs and rural areas.)

M A L E S

AGE GROUP

% ILL.

F E M A L E S

AGE GROUP.

% ILL.

50% between 35 & 54 30%

25% " 55 & 69 27%

50% " 20 & 39 75%

29% " 50 & 64 57%

50% " 40 & 54 30%

25% " 30 & 39 50%

33% " 30 & 39 90

36% " 45 & 59 82%

50% " 20 & 39 56%

33% " 50 & 64 43%

37½% " 25 & 34 0%

31% " 40 & 49 40%

50% " 30 & 44 44%

37% " 60 & 69 43%

50% " 20 & 24 33%

25% " 30 & 34 80%

15% " 15 & 19 0%

15% " 50 & 54 33%

50% between 30 & 39 0%

25% " 55 & 59 0%

64% " 15 & 24 14%

18% " 45 & 54 100%

50% " 15 & 24 78.6%

25% " 35 & 44 40.0%

41% " 15 & 29 52%

32% " 40 & 54 100%

50% " 15 & 24 None

33% " 35 & 44 33%

73% " 15 & 29 9%

13% " 35 & 44 0%

41% " 15 & 24 22%

41% " 35 & 49 33%

65% " 15 & 24 18%

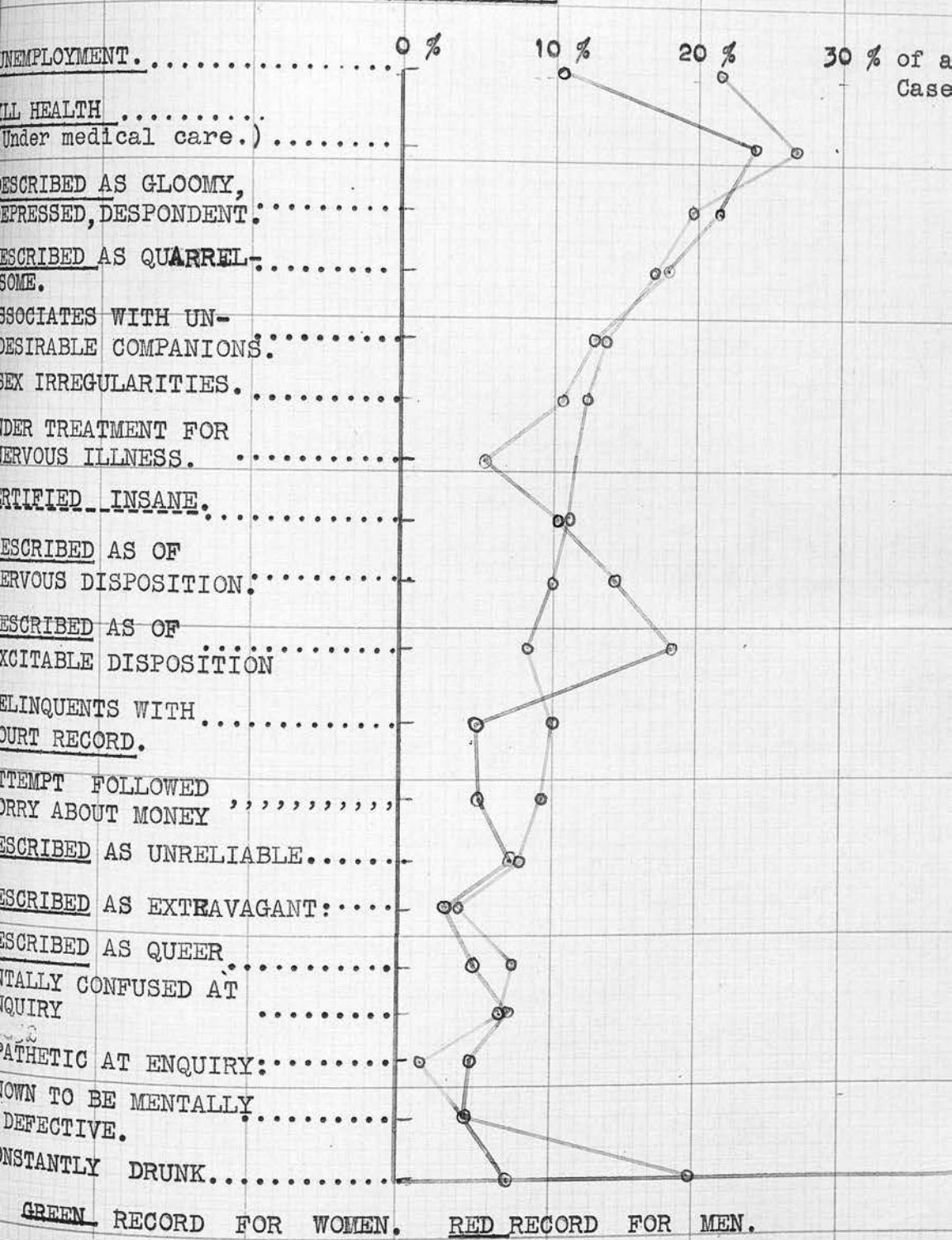
46% " 20 & 29 100%

21% " 65 & 69 100%

ATTENDANT CIRCUMSTANCES MADE KNOWN TO POLICE
AT ENQUIRY FOLLOWING RECOVERY.

(359 Males. 358 Females.)

Percentages.



MOTIVATION OF UNSUCCESSFUL SUICIDAL ATTEMPTS.

The accompanying diagram illustrates the frequency of various attendant circumstances where suicidal attempts prove to be unsuccessful.

It will be noted that the percentage under medical care for ill health of some sort is well over 20% for each sex. If we add to that the cases under treatment for nervous ill-health and known to be insane, the percentage under medical observation rises to over 40%. A table is attached which shows the variation in method adopted when previous illhealth is a factor. When male attempts are considered, it is found that 26.4% of the whole group attempt suicide by cutting the throat. When we consider only those males under medical care prior to the attempt, the percentage is 56.6. 10.6% of all female attempts are by cutting the throat; but the percentage rises to 35.5% with women under medical care.

A married woman of 26, in ill health, found that her husband's earnings were too small to meet their needs. A year ago, she became very depressed and tried to cut her throat. Then her husband lost his position and her worry was yet more pressing. A week ago she attempt^{ed} to hang herself; and on this occasion she made another attempt to cut her throat. She was then certified insane and removed to a mental hospital.

A man of 32, described as queer, was under medical care during the previous twelvemonths for mental illhealth. There had been family quarrels, the mother leaving home with the three daughters, and the two sons remaining with the father. He was unemployed. He attempted to do away with himself by cutting his throat and also by drowning, finally succeeding by using coal gas in the home

VARIATION IN METHOD ADOPTED . UNSUCCESSFUL ATTEMPTS.

METHOD.	PERCENTAGE OF WHOLE GROUP	
	359 MALES.	358 FEMALES.
COAL GAS	27.8%	21%
CUTTING THE THROAT	26.6%	10.6%
TAKING POISON	25.5%	41%
DROWNING.	7.1%	13%

PREVIOUS ILL HEALTH. EFFECT UPON METHOD CHOSEN.

METHOD CHOSEN.	THOSE ADOPTING METHOD AND UNDER MEDICAL CARE FOR PHYSICAL ILLNESS.		KNOWN TO BE IN UNSATISFACTORY HEALTH. UNATTENDED.	
	Males.	Females.	Males.	Females.
COAL GAS.	23.3%	16.6%	21.7	3.4%%
CUTTING THE THROAT.	56.6%	35.5%	39%	35.5%
TAKING POISON.	10.0%	20.0%	17.4%	40.0%
DROWNING.	6.6%	26.0%	15.2%	21.0%

CASES CERTIFIED INSANE. PREVIOUS ILL HEALTH.

	UNDER MEDICAL CARE.		NOT UNDER MEDICAL CARE	
	MALES.	FEMALES.	MALES.	FEMALES.
COAL GAS	14.3%	0 %	20%	0 %
CUTTING THE THROAT.	35.3%	36.4%	50%	50 %
TAKING POISON	0 %	0 %	50%	0 %
DROWNING	0 %	25 %	29%	33 %

Note: that suicide by drowning is attempted far more
 that women who are ill or insane attempt suicide by
 by cutting the throat or drowning much more frequently
 than others. Men who are ill or insane cut their
 throats more frequently than other would-be suicides.

These cases made no secret of their depression, and of their intention to end their lives. It seems as though the seriousness of their condition and the need for an environment where there would be constant observation to prevent such attempts was not realised.

Men who suddenly begin to drink heavily, women who are described as excitable, both men and women who are despondent, dissipated, irritable, need watchful care and expert opinion as to the trend of this changed behaviour. Then too the attitude towards unemployment or long-drawn out ill-health should be kept in mind; and any evidences of loss of morale promptly heeded. Lowered code, dramatic changes in disposition are danger signals for suicide.

113 cases of excessive alcoholism were recorded; and the following summary may be of interest:

DESCRIPTION OF CASES OF UNSUCCESSFUL SUICIDE
WHO WERE DRINKING TO EXCESS.

MALES.

17% unemployed.
25% in ill health.
14% described as quarrelsome.
20% mentally ill.
7% delinquent.
6% described as suspicious.
7% termed depressed.
5% dissipated.
4% solitary.

FEMALES.

17% unemployed.
14% in ill health.
25% termed quarrelsome.
7% mentally ill.
17% had made previous attempts.
6.7% termed depressed.
7% immoral

There was more ill health, more unsoundness of mind, more irritability in the drinking group than in the suicidal group as whole.

MOTIVATION OF ATTEMPTED SUICIDE.
SMALL BURGHS AND RURAL AREAS.
 INCIDENCE OF ILL HEALTH WITH VARIOUS OTHER FACTORS.

UNSUCCESSFUL ATTEMPTS INVESTIGATED

ON RECOVERY. POLICE DATA.

	<u>M A L E S A N D</u>			<u>F E M A L E S</u>
	<u>Ill.</u>	<u>Unsat.H.</u>	<u>Well</u>	<u>Not Recorded.</u>
ORTED DEPRESSION	14	13	8	89
ORTED QUARRELS.	5	8	27	64
AD COMPANY.	6	13	28	1
TANGLE.	2	3	19	29
RIED AS NERVOUS	42	16	15	49
" "EXCITABLE	16	9	17	9
" "UNRELIABLE	6	1	24	0
" "EXTRAVAGANT	0	5	11	0
" " QUEER	14	12	11	0
IFIED INSANE	22	27	3	26
I COURT RECORD.	0	5	22	1
NCIAL TANGLE.	0	5	11	27
ALLY CONFUSED.	19	12	8	0
PHETIC AT ENQUIRY.	10	3	12	0
ALLY DEFECTIVE.	5	6	12	4
N DRUNKARD.	3	8	42	30
PLOYED.	24	24	21	45
<hr/>				
				TOTAL
RTED WELL LIKED.	16	11	23	48
SOCIABLE	7	6	13	26
CAPABLE	9	7	19	35
MANNERLY	6	5	11	22
HONEST	23	12	27	62
STEADY	5	4	11	20
CHEERFUL	4	3	8	15

INTRODUCTION:

By means of a questionnaire distributed to two groups of presumably normal individuals, carrying average responsibility, it was hoped to ascertain something of current attitudes toward suicide in the city where members of the experimental group being investigated were residing.

SECTION V.

FREQUENCY OF SUICIDAL INCLINATION IN NORMAL PEOPLE.

Of the 100 people over 30 were distributed to people under thirty but at least 19 years of age, were filled

of the older group, 54% of the men and 47% of women stated that they had at some time or other felt, expressed, or acted upon an inclination to suicide.

Of the younger group, 76% of the men and 83% of the women made similar admission.

Figures containing these answers were then grouped, and their bearing on a question as to the defensibility of suicide was investigated (Question 7 on the Questionnaire).

Of the older group, 35% of men and 34% of women gave instances in which they considered suicide defensible.

Of the younger, 36% of men and 30% of women considered such a course defensible under specified conditions.

There were five cases in which men over 30 who stated that they had never experienced inclination to suicide, as there were under 30.

Some of the answers to question 7 were:

- "I don't see the right to dispose of my own life."
- "Defensible when there is incurable disease and great pain."
- "Defensible to avoid disgrace."
- "Defensible as a sacrifice to benefit others."

CAUSATION OF ATTEMPTED SUICIDE.

FREQUENCY OF SUICIDAL INCLINATION.

Many of the individuals whose attempts to end their lives had been ineffective told of earlier thoughts and impulses which had been acted upon. It became of interest to ascertain whether similar suicidal trains of thought occur in those who are regarded by their fellows as people of normal ability and poise.

By enlisting the cooperation of adults carrying at least average responsibility, persons who had lived long enough to meet obstacles to progress, grief and disillusion, as well as furtherance and true friendship, it was hoped to discover whether or not the thought of causing one's own death is alien to the normal mind.

A questionnaire was prepared, and is attached, which enquired as to the occurrence of ideas and impulses of this nature. It was distributed by members of a small interested group to their personal friends. In this way we hoped to secure fairly adequate knowledge of their careers, so that no one would be approached who was considered to be unstable or abnormal, or unfit for family or business responsibility. No one under thirty was to be included; but people of both sexes, married or single, above that age were to be chosen.

It was made very clear that unless answers were completely candid they would not be helpful, and the Form should not be returned. Nearly two-thirds of the Forms distributed to this group did not come back.

Sometimes 'reasons' for not completing the task accepted were advanced spontaneously. They varied from procrastination to a realisation that such preoccupation was dangerous. One man found the task revolting; and a number of womenfolk described it as gloomy.

QUESTIONNAIRE: FREQUENCY OF SUICIDAL INCLINATION IN NORMAL PEOPLE.

SEX....AGE....RACE.....RELIGION....

ENGAGED....MARRIED....NOMOF CHN.....SEPARATED?

1. Have you at any time felt that life was not worth living?
2. Outline the circumstances which gave rise to the feeling.
3. Have you ever experienced an impulse to end your life?
4. How often? At what age? In what circumstances?
5. Why was the impulse not acted upon?
6. Have you ever written or planned a "farewell" note?
7. How old were you? What were the circumstances?
8. Did you ever say, in anger or grief, that you wished you were dead?
9. How serious was the statement?
10. Have you ever toyed with the thought of ways of suicide?
11. In what mood?
12. In what circumstances, if any, do you think suicide not only defensible but honourable?
13. If you can recall family comments on the occasion of the suicide of a relative or friend, give the general tenor of the remarks.
14. Number the following in the order which you think is the order of frequency as motivating suicidal impulses.

Felt inadequacy.	Self reproach.	Anticipated disgrace.
Vindictiveness.	Public reprimand.	Baffled ambition.
Unrequited love.	Desertion.	Destitution.
Escape from difficulty.	Disease.	Dishonour.
Fear.	Bereavement.	Jealousy.
Loneliness.	Physical pain.	Disfigurement.

15. What considerations do you think actually prevent the attempts from being carried out?

Duty to others.	Wrong to end life.
No satisfaction to oneself.	Stigma on family.
Too young to die.	Someone would be sorry
Why suit an opponent's convenience?	Better times ahead.
If unsuccessful, ridicule or reproach.	Legally, a crime.
Work incomplete.	Cowardice.
Something to be enjoyed before.	Sense of humour.

1. If there is any motive not included in 9 or 10 which you wish to indicate, please add it to your list.
2. Answers may be as full as is desired.
3. Do not affix any distinguishing mark to this paper.
4. If you have any objection to answering a given question, please leave it blank.
5. Please return the Questionnaire with all answers pinned to it, in a sealed envelope.

It is obvious that adequate incentive to revive the less pleasant experiences and to report them was not provided.

Rather more men than women were courteous enough to come to our assistance, 80% of the men being married, and 25% of the women.

54% of the men and 47% of the women gave affirmative least answers to at/one of the following questions:

"Have you at any time felt that life was not worth living?"

"Have you ever experienced an impulse to end your life?"

"Did you ever say in anger or grief that you wished you were dead?"

"Have you ever toyed with the thought of ways of suicide?"

14% of the men and 10% of the women giving affirmative answers professed to have no religious convictions.

Because considerable interest attaches to suicidal attempts in adolescence and early maturity, and because a number of the mature group indicated that it was possible that their records were incomplete, it was decided to distribute Forms to a second group. To secure a certain degree of selection, it was stipulated that individuals should be from 19 to 29 years of age, that they should have earned college entrance, and should be evidencing at least average interest and diligence.

50% more Forms were given out to the younger group than to the older. There was of course just as weak incentive to perform the task in this case as in the other. Only 19% of the Forms were returned completed, the proportion being not much greater than half.

Where all these questions had been answered in the negative, similar scrutiny of the entries against Question 7 yielded the following data:

	MEN		WOMEN	
	Over 30	Under 30	Over 30	Under 30
-----	-----	-----	-----	-----
able &				
able:	10%	50%	37%	0
able only:	10%	0	9%	0
defensible:	60%	50%	27%	0
er:	20%	0	27%	0
r does				
apply:	0	0	0	0
-----	-----	-----	-----	-----

note that there were five times as many men over 30 as under 30, who answered in the negative. There were no women under 30, answering all questions in the negative.)

It is interesting to note that a somewhat larger number of over thirty years of age who answer the question re interest or impulse toward suicide affirmatively put it on record that consider it is never honourable or even defensible to take own life.

but perhaps the most striking comparison is that between men 30 who answer affirmatively and those who answer negatively regard to the indefensibility of suicide. Only 25% of those who t thinking of or planning suicide state that such a course is defensible; while 60% take that attitude where the inclination ever experienced. It is of course significant that those with rtinent memories never object that the adjectives are inappro- e, and that there are fewer who leave the question untouched.

quotations from certain Forms may serve to illustrate the

It is possible that students conceived the possibility that their handwriting might be familiar to those conning the Forms, and that the likelihood of identification was consequently greater. In any case, baulking has its own interest as a psychological phenomenon.

In this group, 62% of those answering the questionnaire were men, 14% being married. None of the women was married.

78% of the men under 30 years old gave affirmative answers to ^{one of} the questions listed above; 92% of the women answered in the affirmative. (Note the marked increase

these percentages as compared with the more mature group.)

One-quarter of the men and one-third of the women under thirty confessed to have no religious convictions. None of these answered all of the listed questions in the negative.

Question 7, "In what circumstances, if any, do you think suicide not only defensible but honourable?"
 Answers from individuals answering at least one of the questions asked earlier, in the affirmative, have been grouped according to the attitude towards suicide expressed in the manner of dealing with Question 7.

MEN		WOMEN	
Over 30	Under 30	Over 30	Under 30
able & defensible: 17%	44%	34%	25%
able only: 8%	12%	0%	25%
defensible only: 25%	38%	34%	34%
wer: 25%	0%	22%	8%
ry does not: 50%	6%	32%	16%
ply: 25%	6%	10%	8%

MOTIVATION OF ATTEMPTED SUICIDE.

various attitudes towards suicide:

man of 33 years who remembers definitely contemplating suicide when
of 18, at the War, and thinking life not worth living after his
return to civil life, writes as follows:

(Married. No children. Prot.)

"In my view a man has the right to dispose of his own life
as he wills. But it is questionable whether a man
contemplating suicide is responsible for his actions."

unmarried man of 26, Protestant, who commonly reacted to punishment
between the ages of 11 and 13 by impulsive suicidal planning, and who
feels that life is not worth while, whenever he is inadequate to
given situation, writes:

"Suicide is defensible but never honourable. I think it
can be defended when a person is doomed by an incurable
disease, and is suffering a great deal."

unmarried woman of 38, Agnostic, who reports that she frequently
considers way of suicide in a mood of sober reflection, in view of
certain contingencies, comments thus:

"When suicide is deliberately planned and conceived, and
acted out after mature consideration, it is as "honourable" as the
lives which activate it; these may be neither honourable nor dis-
honourable, but merely sensible or foolish.

I think it impertinent to expect anyone to prolong indefin-
itely an existence which is felt to be irremediably painful and futile
only to spare someone's nerves a shock - even a bad shock - or to
protect them from unpleasantness. "

of 18, who recalls a definite impulse to end his life at the
age of 8, remarks:

"I am not deeply religious but I feel that every one of us
something to do in the world and we must find out what it is
to do it. Suicide is merely a way of shirking our responsibilities."

His early impulse occurred when his mother was away from home
visiting a sick relative. She had left her little boy with a scolding
nurse. He says that his penknife was too blunt to enable him to carry
his intention!

Another lad (19 years) who professes to have no religion also
reports early impulses to take his own life. There were several such
episodes before the age of 10; and each followed deserved punishment.
writes:

"If through moral weakness, you give way to temptation, and do something dishonest, then when you know you cannot escape punishment and disgrace, suicide seems quite defensible and honourable. Of course if you have anyone directly depending on you, the case may be different: it would probably seem better to take your punishment, and start afresh to win back a good name."

Another boy of 19 who reports definite contemplation of suicide "when all the conceit had been knocked out of him", a year ago, does not think suicide is ever defensible:

"I can see that to the Maker and Giver of life no suicide is acceptable.....Life is after all bestowed as a blessing. So to throw it away is a sin and slight to the Giver."

A woman-graduate of 25, who has not practised religion since she was fifteen years of age, records definite and deliberate planning of suicide on a number of occasions when promised pleasure was denied, or when she felt markedly inferior to her fiancé. Her position is stated thus:

"When after deliberation an individual decides that his death will make life easier for one or more individuals who in his opinion are worthy of such sacrifice, suicide is then honourable; the more so, to my mind, if executed in such a way as to make it seem accidental or from natural causes. The farewell note should be avoided at all costs."

A married man with two children reports frequent impulses to suicide when between the ages of 12 and 15, owing to resentment of maternal rule. He is now 61, and writes:

"Suicide is not only defensible but honourable in any circumstances, providing the impulse is sufficient, if offspring do not suffer thereby."

This point of view is relatively frequent among men, but did not occur in the women's statements. Women concede a right to end life if one is dishonoured, or is burdensome upon others because of incurable disease.

Both men and women have expressed the viewpoint that endurance is finer and more honourable than refusing to endure; but many of each sex point out that "to lay down one's life for one's friends" should not in their opinion be regarded as suicide.

ETHICAL ATTITUDE.

Ethical terms were frequently employed when defensibility was under discussion. Quitters, shirkers, selfish (in that they failed to consider those left behind), lacking in fortitude, irresponsible were descriptive terms occurring quite often.

RELIGIOUS ATTITUDE.

Only three comments were found which come under this heading: "atheist", "unchristian", and "against the Church".

LEGAL STATUS.

Several statements to the effect that suicide should not be a crime or misdemeanor before the law were included. They were linked with expressions of opinion that an individual has the right to "take that journey as well as any other, if he so decides", and that "his life is his own to dispose of as he pleases."

SOCIAL ATTITUDE.

A considerable number took it for granted that stigma and disgrace attached to the act and would reflect upon relatives.

EXPLANATORY ATTITUDE.

Opinion was divided as to the mental health of suicides. From a dogmatic, "All suicides are mad." to the considered, "It seems to me to be a fundamental error to attribute suicide to insanity.", all the changes are rung.

It was hoped that answers to Question 8 : "What was the general tenor of family comment on the occasion of the suicide of a relative or friend?" would throw more light upon com-

community attitudes towards self-murder.

Barely a quarter of the older group and only one-half of the younger group reported such comments; a total of 50. The distribution was as follows:

	MALES		FEMALES		TOTAL
	OVER 30	UNDER 30	OVER 30	UNDER 30	
CHRISTIAN, ETC.	2	-	2	1	5
NAMEFUL	1	-	1	1	3
IT UP."	1	1	1x	1	4
YING	-	1	3xxx	-	4
FOR DECEASED	-	1x	1	-	2
ICE	1	-	1x	1	3
-	-	1	1	-	2
-	-	1	1	2	4
TY ALLEGED.	1	1x	5xx	3x	10
SCENCE	-	1	-	-	1
OR DECEASED					
E FOR THOSE					
RRIED HIM..	2	3xx	2	2	9
OR RELATIVES.	-	2x	1	-	3

indicates that the entry was made by an individual who has himself experienced definite impulses to kill himself.

When a comment was reported with which the writer was not in ant, as for example upon the issue of mental aberration, such personal views as these given below were added.

In my opinion a person who commits suicide is not of unsound mind, either before or at the time of the attempt or act. I am a duly qualified and registered medical practitioner." (Female. 38 years.) (Married, 2 children. C. of England.)

suicide is contrary to normal human nature. A perfectly sane person, in my view, has no desire to attempt suicide." (Male, 62 years. Lawyer.) (Married, 1 child. Scottish Episcopal)

MOTIVATION OF ATTEMPTED SUICIDE.

It is noteworthy that the most frequent comments reflected upon the mental health of the person taking his own life, and expressed regret that he should have been harassed to the limit of endurance. As the remarks were made when someone well known to the speaker was under discussion, they are more worthy of consideration than references to total strangers.

Question 9 was designed to discover whether there is any noteworthy difference in opinion as to the frequency with which various motives operate. Opinions are ranked by age and sex.

MEDIAN RANK ORDER ASSIGNED TO EACH SUGGESTED MOTIVE.

Suggested motive.	Males.		Females.		Total.
	Over 30.	Under 30.	Over 30.	Under 30.	
Physical disease.	2 (16)	3 (19)	5 (12)	8 (13)	5 (60)
Honour.	5 (12)	7 (19)	3 (15)	8 (13)	5 (59)
Life difficulty.	6 (11)	3 (19)	2 (13)	2 (13)	3 (56)
Anticipated disgrace.	2 (11)	4 (19)	3 (10)	4 (14)	4 (54)
Unrequited love.	5 (11)	5 (18)	4 (10)	10 (13)	5 (52)
Sickness.	14 (11)	11 (18)	6 (11)	10 (12)	10 (52)
Alcoholism.	13 (10)	17 (17)	6 (11)	15 (14)	14 (52)
Physical pain.	12 (13)	9 (17)	6 (9)	11 (12)	10 (51)
Isolation.	9 (10)	6 (16)	3 (12)	8 (12)	6 (50)
	4 (11)	11 (19)	7 (18)	8 (12)	8 (50)
Discontentment.	9 (11)	12 (16)	9 (9)	14 (13)	10 (49)
Reproach.	11 (10)	14 (20)	14 (7)	10 (12)	11 (49)
Inadequacy.	7 (10)	10 (18)	7 (7)	6 (13)	7 (48)
Busy.	9 (10)	13 (19)	7 (9)	14 (12)	13 (48)
Confusion, baffled.	8 (9)	8 (18)	11 (6)	8 (15)	8 (46)
Lonely.	20 (7)	15 (19)	12 (8)	10 (12)	13 (46)
Hostility.	17 (8)	16 (17)	14 (7)	20 (12)	18 (44)
Public reprimand.	6 (10)	11 (18)	10 (6)	10 (11)	10 (45)
Self-doubt.	15 (10)	16 (14)	20 (7)	16 (13)	16 (45)
Embarrassment.	9 (9)	15 (19)	18 (6)	16 (11)	16 (45)
Isolation.	14 (8)	14 (18)	14 (8)	12 (11)	13 (44)

N.B. In brackets beside each rank-order appears the number who listed this motive. Where the number is small, few considered it to be a possible motive.

Note that the list is in order of frequency. Vindictiveness is misplaced. Actually it received fewest rankings.

QUESTION 9.

NOTE

1. The 'motives' that were listed most frequently by older men were INCURABLE DISEASE AND PHYSICAL PAIN. In the former case high rank was assigned, but in the latter only 12th place was given.
2. Older women listed DISHONOUR and ESCAPE FROM DIFFICULTY more frequently than any other 'motives'.
3. There was not nearly as much variation in the number listing various 'motives' among the younger men and women. Difference in rank order is the only guide here.
4. SEX seems to have influenced the rank-order assigned to the following 'motives':

INCURABLE DISEASE) Men give these higher rank than
DISFIGUREMENT.	
MONOTONY.) Women rank these higher
ESCAPE FROM DIFFICULTY.)	
5. AGE seems to have influenced the rank-order assigned to the following:

JEALOUSY.) Older people rank these
DISHONOUR.	
BEREAVEMENT.	
ANTICIPATED DISGRACE.	
ALCOHOLISM	
FEAR.	do.
6. There is considerable uniformity in opinion as to the low rank to be assigned to DESERTION and to QUARRELLING
7. Three groups concur in ranking UNREQUITED LOVE about fifth in the list. It is the younger women who give this 'motive' only tenth place.
8. In striking contrast is the stress upon PUBLIC REPRIMAND by older men. This group assigns it a median rank of 6th whereas other groups place it 10th on the list.
9. Older women give third place to DESTITUTION and 6th rank to LONELINESS.
10. Young men deny higher rank order than 10th to FEAR, FEAR and to FELT INADEQUACY.

MOTIVATION OF ATTEMPTED SUICIDE

A considerable number of forms were returned incomplete as regards both Question 9 and Question 10. There were a number of statements to the effect that only two or three or possibly half ^{of the suggested motives} dozen suggestions ~~that~~ would be likely to enter the mind of a person bent on suicide. Needless to say the half dozen did not correspond in the various papers. Additional suggestions were asked for, and a number of interesting ones were given. In regard to Question 9, these included: Melancholia, Obsession, Social Maladjustment, Frustration, Wounded Pride, Feeling of being Misunderstood, Desire to know the Sequel, and Money Worries, in women's entries; and Melancholia, Imitation, Ostracism, Money Worries, and Loss of Social Status, in men's papers.

A fairly frequent statement was that, as they had never known intimately any one who contemplated suicide, they had no data on which to judge. Still another group qualified their ranking by saying that only the first few ranks were definitely judged, the remaining ones being quite arbitrarily numbered, many not seeming worth including.

As has been pointed out, no value is attached to the opinion to rank-order save as it throws light upon any difference in attitude towards suicide, according to age and sex of the answerer.

Similarly the inclusion of Question 10 was to test any sex or age differences in opinion as to possible deterrents from a suicidal attempt. Moreover, it was thought desirable to leave deterrents the final point to be dwelt upon, in deference to the opinion that suicide is an unhealthy subject to think about. The distrib-

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ution of the median rank-orders assigned to each 'deterrent' appears in the following Table.

DETERRENT	MEDIAN RANK -ORDER. MALES		FEMALES	
	Over 30	Under 30	Over 30	Under 30
DUTY TO OTHERS.	2 (8)	4 (14)	3 (9)	4 (13)
STIGMA ON FAMILY	3 (6)	6 (14)	1 (11)	6 (12)
WANT TO END LIFE	5 (6)	6 (13)	3 (9)	5 (11)
BETTER TIMES AHEAD	4 (7)	3 (17)	3 (10)	5 (11)
TOO YOUNG TO DIE.	7 (4)	7 (13)	14 (4)	8 (10)
LEGALLY, A CRIME.	7 (4)	14 (9)	7 (6)	14 (10)
WHICH MAY BE PAINFUL.	4 (12)	4 (13)	3 (7)	3 (11)
TO SUIT AN OPPONENT?	8 (4)	6 (14)	13 (4)	11 (10)
SOMEONE WOULD BE SORRY	4 (7)	6 (15)	3 (8)	7 (11)
RIDICULE IF UNSUCCESSFUL.	6 (5)	10 (13)	8 (4)	10 (11)
WORK INCOMPLETE	6 (4)	8 (13)	7 (4)	8 (11)
NOTHING TO BE ENJOYED.	5 (4)	6 (14)	9 (4)	5 (11)
COWARDICE.	2 (12)	2 (20)	2 (10)	2 (14)
LOSS OF HUMOUR	5 (5)	8 (12)	14 (5)	8 (11)
DISSATISFACTION TO ONESELF.	7 (3)	4 (11)	6 (5)	10 (11)

The numbers in brackets beside each rank indicate the frequency with which each 'Deterrent' was listed.

Older men considered that cowardice and the thought of the pain to be endured would operate as deterrents. Very few attached much importance to the other considerations.

Older women stressed the stigma upon relatives, cowardice and the hope for better times.

Young men stressed the hope for better times and cowardice, while young women stressed cowardice and duty to others.

Throughout, more women were willing to assign rank order to deterrents than men.

Age seems to influence the ranking assigned to the following:

STIGMA ON FAMILY. LEGALLY, A CRIME. SOMEONE WOULD BE SORRY. and RIDICULE IF UNSUCCESSFUL. Older people of both sexes gave consistently higher rank to these 'deterrents' than young people did.

Sex seems to influence the ranking assigned to these three:

WRONG TO END LIFE. WHY SUIT AN OPPONENT. TOO YOUNG TO DIE.

MOTIVATION OF ATTEMPTED SUICIDE.

From the answers to Questions 7,8,9,and 10, we find that there is divided opinion as to what constitutes justifiability of suicidal attempts,if anything does.

A large number consider it unethical to take one's own life as a supreme sacrifice. They instance such cases as that of Capt. Oates who walked out into the blizzard so that he might not diminish his companions' chances of safety.

Another group,somewhat smaller, defend suicide as a sacrifice to the convenience or well-being of relatives or loved ones. They cite tangled love affairs,cases where there is a danger of infecting others with disease, and chronic invalidism where burdensome demands must be made upon others.

A considerable number hold that its justifiability is contingent upon there being adequate financial provision for dependents.

Then there is the not inconsiderable group who hold that suicide is a matter for the conscience,for the conscience of the individual concerned,and needs no justification.

As to the factors making for attempts at suicide,there is also a cleavage in opinion. The theory that such attempts occur only in those of unsound mind is rather more widespread than is its converse;but it is by no means universal.

So much for the attitudes revealed in the answers to these Questions. We must now turn to accounts of personal experiences, supplied in answer to Questions 1,2,5,and 6.

QUESTION	PERCENTAGE OF AFFIRMATIVE ANSWERS.			
	MALES		FEMALES	
	OVER 30	UNDER 30	OVER 30	UNDER 30
Life not worth living:	24%	43%	42%	54%
Willing to take life:	18%	34%	26%	23%
Willing to be dead uttered:	30%	52%	11%	54%
Thought of methods:	53%	62%	16%	46%

for female answers?
1129-0-9

Two of the older women report strong suicidal bent in the early forties. One makes it clear that she had had strong religious faith, earlier in life, and was dismayed to find it gone. Prayer meant nothing to her. Just at this time, an opportunity for promotion which would have meant very welcome change of environment, and upon which she had counted, passed her by. Her sleep became restless and broken, and her general health gave cause for concern. Finally, her doctor advised her that it was necessary to go away for complete rest and change. This meant resigning her position and expending savings meant for old age. She acted on the advice, going to a small country town where she knew no one. She thought that it would not be easy for a woman over forty to secure another post was constantly with her. Then, too, she knew that her recovery was likely to be slow. Insomnia persisted, and she continued to lose weight. "I longed to be done with life." At this period, an old friend came down to see her. She unburdened herself even to the extent of suggesting in all seriousness that they and their lives together. She proposed a lethal draught. She writes that it was only the way in which this friend weighed the pros and cons of the proposal, expressing neither horror nor dismay, but pointing out that the menopause is a transitory condition, that her business record was good and would be certain to stand her in good stead, and that many deeply religious people passed through crises of unbelief, that she finally put aside her intention to end her life. She writes with deep appreciation of the good sense and fellowship of this friend, now that her health, both mental and physical, enables her to carry out all life's duties efficiently.

The other, at the same period of physiological stress, reports constant sense of fatigue, a tendency to worry, and a dread of the monotony of life". Her impulse to end her life was quite definite

MOTIVATION OFF ATTEMPTED SUICIDE.

A married woman with two children found, in the late thirties, that she was reacting badly to worry about money matters. Several times, when 39 years of age, she felt the urge to end everything. On each occasion, it was not the result of one difficulty; rather, everything seemed to go wrong, and there was the shortage of money to complicate things further. Though she shrank from the actual deed, she so desired "to be done with worry" that the impulse was very insistent. Only when a realisation that the crisis would be met somehow came to mind, was she able to put the suicidal thought from her.

Another individual in this group writes of two occasions in the middle twenties when she was on the point of suicide. She writes very briefly to the effect that she cared for a man who was indifferent to her. A third reports the intention following a serious quarrel with a close friend. Her physical health at the time was far from good, and there was extreme lassitude, and disinclination for effort. Because of her lack of energy and a certain impracticality, there were numerous occasions when she showed to great disadvantage; was made to "look a fool", and felt her inadequacy keenly. The impulse to end things ~~at~~ one of these periods was very urgent. Yet there was a feeling "half-instinctive" that death was not a way out. There was a hereafter in which her lot would be seriously compromised by cowardice here. She oscillated between the intention and the doubt, till a friend approached to whom she unbosomed herself; and her mood changed.

Fewer men than women in the Over-30 group report a definite impulse to suicide; but there are twice as many men who report playing with the idea of ways of suicide. The age at which the

urge was experienced was in every case below twenty.

One man tells with considerable feeling of the strong resentment he felt in boyhood when his mother placed numerous restrictions upon his comings and goings. He was wanted to be a "little Lord Fauntleroy", to wear gloves, and to refrain from all intercourse with the village boys. He had no father and was an only child. On numerous occasions between the ages of 12 and 15, he was so ready to end his life that only the absence of suitable means to effect his purpose hindered it from being carried out.

Some of the accounts of the suicidal impulse furnished by women under thirty are very interesting.

X. fell in love at 16 to the dismay and annoyance of her parents. Their interference was effective. X. is now in the middle twenties. She says that life seems to go round in a circle, getting nowhere. It has no goal. She is often lonely and tired of life. She has had no other love affair, and still thinks her parents unjustified in the course they adopted. "I have found growing-up a miserable business. There have been times when I felt small and utterly useless. It is as if I were locked in a room with totally uninteresting people and I want to get out and shed all responsibility. I want to be a being who does not think at all. I pity myself and see only emptiness ahead. Yet all the ways of committing suicide are so ugly."...."I feel a desire to move on, to see if perhaps I may find a reason for it all, and evidence of a goal."

L. was an only child, whose ^eaging father was over-solic-

itous as to her progress with her studies, and very arbitrary regarding refusing permission to join in social functions.

His ill health was very real, yet his daughter felt that his condition was unfairly stressed when he had no other pretext for keeping her from a dance or other outing. Her mother sympathised with her irritation yet besought her to keep the peace: "It all comes back on me! "

As a school girl, she resorted to subterfuge and deception, but this course became increasingly disagreeable. "On one occasion, I had a sudden impulse to suicide out of vindictiveness. After all plans had been made, a holiday trip was cancelled at the last moment because of sudden paternal irritation. I had gone to my study on the fourth floor, and was standing at the open window, raging inwardly. The impulse was to jump out, kill myself and 'Serve them right if they are shocked and never get over it'. Immediately there came the possibility of broken bones, pain, but not death! I considered what painless measures were at hand. There were none. The immediate drive passed; but I considered in detail the steps necessary to secure a successful painless attempt, should such a situation recur."

When 23 years of age, L.'s father died, and the circumstances in which she later experienced a suicidal impulse were entirely different. She became engaged to a man whose intellectual gifts she greatly admired. She had when with his friends a fear that he would come to realise her inferiority. One of his friends used a rather sneering tone to her and she supposed that he was impressed by the unsuitability of the alliance. This incident

OCCURRED

occurred at a time when she was feeling very sad because of impending separation. Her fiancé had secured a post overseas. Moreover, while on holiday, she was staying with him, unknown to her mother.

"Walking by the cliffs, or when out swimming alone, on three occasions I had the impulse to jump over or swim on till quite fatigued. There came the dread that there would ^{be} publicity which might seriously handicap him in the appointment he was about to take up. I decided to wait until we parted; had all plans made." It is of interest to note that this girl holds the belief that death ends everything; and that "Doing good in the world, Seeking for truth, etc. ^{are} were mere sops to induce one to continue living." The urgency of subsequent impulses to suicide was probably diminished by the fact that her work took her into laboratories where the means for "painless sure suicide were available." Some trifling reason for slight delay or postponement would come to mind and in the interval, some other method of resolving the situation or at any rate of tackling it would suggest itself. On occasions when she bungled her work badly, she was apt to feel depressed at her inferiority and to think of suicide; but she does not report definite impulse on any such occasion.

D. reports moods in which she experiences depression, great irritability, and perversity. When between 23 and 25, she was worried about family complications, was studying hard, and "funking" the examinations, and considers that she was in a state of nervous ill-health. The impulse was felt on a number of occasions at this period, but "I always lacked simple, effective, clean, and painless means of putting an end to my life."

This girl professes to have no religion. She is now 26 years of age; and it is her "considered opinion" that life is not worth living. Sometimes, she devises methods of suicide, finding it amusing. Once she occupied herself in this way, "when I was extremely happy." She has planned letters to the Coroner explaining that she really was not, and ought not to be considered of unsound mind. Such a note has never been "completed--the ludicrousness of it invariably strikes me before I get very far."

It may or may not be significant of a personal fear that she writes: "When a person has contracted a disgusting painful disease, which will render him or her helplessly dependent on others, I consider suicide the only decent course."

A man of 28, an Agnostic, reports a suicidal impulse while suffering from nervous reaction after examinations.

Another man in the late twenties, refers to fits of depression and "self-analytical moods" between 18 and 20, when he toyed with the thought of ways of suicide, and had to control an impulse to take his own life on several occasions. "There were difficult family relationships; and I felt that life was too complicated."

H. writes that at the age of twenty, a girl with whom he was very much in love told him that she thought it best "for us to cease seeing each other. I took it very much to heart, thinking that life without her was not worth living. She has since changed her mind, and we are engaged to be married." At the time the impulse was quite serious, but when it came to acting upon it, it was not easy, and an interval occurred during which "reason prevailed."

E., a lad of 19, a son of the manse, tells how disappointed

his mother was when he failed the M.A. examinations. "It affected me deeply. I felt no use whatever, all conceit was gone for the time being. I felt thoroughly rotten and toyed with the idea of getting out of life. I don't know of any pleasant way of killing myself. I couldn't cut my throat because it's too messy and too long drawn out. Poison is too painful, and so is throwing oneself from a cliff or steeple. I know I would swim if I threw myself into the sea. Shooting is just possible: it is swift, there is no pain, it is instantaneous, and provided you hold the revolver correctly quite certain"

He adds with unconscious humour: "But suicide must be done immediately. It is fatal to think over the deed."

D.'s health is by no means good, and life has not been too rosy in the country parish. His report of childish despondency is not without interest: "As a boy of 10 years old, I often used to puzzle over the meaning of life, why one was placed on this earth for such a little space of time, to do so very little. It may sound strange but it is quite true. My head used to reel when I thought of the immensity of the universe and the length of eternity, until I would cry myself to sleep. Then I felt that life was not worth the effort to live." Note that he does not describe an impulse to take his own life, but fear of life.

It is noteworthy that the younger men have reported numerous impulses to suicide after punishment or scolding in childhood. Only one such account was included in the answers of women under 30. Then she had been left to the care of an aunt whom she disliked, while her mother went to nurse her sick husband. It seems to have been an accumulation of grievances producing exasperation in the lonely child.

F., a lad of 19, reports a similar situation." At about the

age of eight, my mother was visiting a sick relative, and I was left in the charge of a scolding aunt. The only instrument I could think of was my pocket-knife which was very blunt." F. states that he had a "fed-up" feeling later on, and again felt the impulse to kill himself, but it faded out before he acted upon it. "After some hard exercise, the world looked brighter."

Like a number of others, F. refers to the depressing effect of cold, especially when one is alone.

Hm. reports a number of occasions up to the age of 10 years when the impulse to suicide was not acted upon, only because the means was not immediately at hand. "The circumstances were something like this: I had got into trouble, through doing mischief, or lying, or being lazy, or stubborn, and had been chastised. Round about the age of 8, this impulse almost always followed chastisement. It was not that I was an innocent sufferer; I knew I had done wrong..... I seemed to derive satisfaction and pleasure from contemplating the grief I would cause my parents by ending my life. I pictured my parents grief-stricken over my death, saying, "We shouldn't have touched him, even though he did do wrong." He refers to other occasions when there was something unreal about the impulse; he remembers being dubious whether his people would be affected in the way he desired, and he also remembers feeling afraid to do it. His fantasies about death when adolescent will be referred to later on; but we may note that towards eleven years of age, "as the result of impatience to be grown-up, to do the things men do, to live in a big way", whenever he was not allowed to do what he wished, life appeared irksome and futile. This lad states that he has no religion. He is 19 years old.

MOTIVATION OF ATTEMPTED SUICIDE.

S. a young man of 22 recalls many occasions after punishment when between the ages of eleven and thirteen he had the impulse to do away with himself. He tells, too, of difficulty in restraining himself from jumping off when on a high place like the Eiffel Tower. There has also been a feeling that he must throw himself before an oncoming train. Other men report a fear of falling from a height; but distinguish this from an impulse to jump.

The younger men seem more likely to utter a wish to be dead, when angry or grieved than any of the other groups. At any rate they answer Question 5 in the affirmative, nearly three times as often as the older men who come next on the list.

One of them naively comments that speaking about suicide is easier than doing it. One of the few girls who reports such a remark adds, "The fact that I said it proves that I was not serious." Sm. explains that the feeling accompanying his assertion was rather superficial. O. and G. were "not really serious", though the latter, when thwarted in any way, is apt to ponder the fact that we all have to die, so why not now? A girl of 22 when things do not turn out as she wishes has had the thought, "Is it worth while to on living for another 60 years or so, when life is like this?" Several men write that the wish was quite genuine when uttered but that the mood proved to be transient. Z. confesses to a spiteful frame of mind when wishing he might die. P. was full of grief over a love disappointment. N. and K. explain that they were too young to realise the meaning of the wish expressed. Several point out the difference between wishing to be dead and planning to take one's own life, adding that as life has so little attraction for them they would welcome death, "if God would take them."

All of the older men declare either that the wish was uttered when they were too young to understand what they were saying or claim that such an utterance is a mere figure of speech when they use it.

One woman over thirty confesses that the wish was a 'perverse' one which escaped her when irritated and depressed. Two others say that they were in a rage when they employed the expression and did not intend to be taken seriously. Each of the others in this group qualifies the admission in some way.

S., a younger woman has used the expression in moments of impatience when "I felt that things were too much for me." Q. says she has used the words seriously; but that shortly afterwards has regarded herself as a "hateful weakling" for doing so.

Question 1. "Have you at any time thought that life was not worth living?"

It is remarkable how often there are references to physical fatigue in the older women's papers when this question is being answered. Too much responsibility seems to be resented and when working against the grain, many women report a feeling of inadequacy to the demands upon them: "I cannot cope with all this!"

Many point out that many factors combine to produce the feeling that life is not worth living: demands both mental and physical at periods of stress and privation cause depression. One writes that it was uncertainty as to the future that made her tire of life. In similar vein, one of the older men writes: "Dangerous depression seems to come when several causes coincide: trouble and uncertainty at home and at the shop; or bad health and bad business."

Two Returned Soldiers tell of the effect of hardship

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UPON BOYS OF

at the Front, upon boys of 18; and one adds that immediately after his return to civil life, the idea was just as insistent.

A considerable number of those who reported impulses to end life also report the thought that it was not worth while going on; the occasions being similar to those already referred to.

Q. speaks of unjust blame when a child and the fear that he had lost his mother's love and confidence as so intolerable that he did not wish to live. He writes that in late adolescence he had a similar feeling when faced with the alternative of causing sorrow to some one loved, or giving up a desirable course of action knowing well that resentment would follow. The mood still recurs when he finds himself seriously thwarted in any of the main activities of life; and when he feels that he has failed either in the moral, social, or occupational spheres. However he has never had an impulse to take his own life.

Among the younger women, the following entries are typical:

"The feeling was not the result of a single desolating experience but the culmination of a series of little things at times of physical weakness."

"It arose from fear of being a failure in my occupation. I lost my first teaching post because of difficulty regarding discipline. The difficulty is still there, but I do not want to give up teaching."

"Life in existing circumstances is not worth living, and there is no prospect of change."

"An intellectual conviction arising out of the shortness of life, Pain, the blindness of Fate, and the insignificance of individuals."

K. wrote at some length because the feeling has been recurrent since schooldays. "I was a very proud sensitive child, outwardly

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frightened, but inwardly rebellious; I fear that I shall remain hopelessly shy and unsociable.....I get afraid that I am very different from other people and shall never fit in."

Men under thirty furnish a great variety of replies to Question 6. Many report a detached interest in the various methods of suicide: scientific, ingenious, flippant, jesting, are some of the adjectives describing it. A number were interested to decide upon a method to employ should the need arise. Two report fantasies tinged with heroics. One rather amusingly commented that it was always a method that was not immediate that he would choose "to give him plenty of time to be heroic and passionate, and to impress others with his sacrifice." The other had in mind throwing his life away to rescue a damsel (Only a beautiful one would do.) but also stipulated that she would attend his deathbed and write at his dictation tender farewell messages to his relatives. Several say that their musings followed a visit to the picture-theatres, and others became interest^{ed} after reading a story of a suicide.

Older men report deciding upon the "best" method in case a way out became necessary. One refers to speculation when full of resentment; but the majority describe it as an idle exercise.

Only four of the older women report toying with this idea. Three were in suicidal mood; the other was merely amusing herself

Younger women reproduce most of the descriptions given by men under thirty. Z. speaks of a "mood of sober reflection in the face of certain contingencies." L.'s choice of a certain painless method has already been mentioned. K. writes: "I have played with the idea of suicide, lately. I thought of touching the live rail of an electric train. Thinking of suicide is a way of working off misery and temper, with me. About a week ago, a conversation about suicide proved somehow satisfying to me.

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ALL of those who professed to have no religious faith did not report impulses to suicide, nor yet a feeling that life was not worth living. The group was not a homogeneous one. Some called themselves agnostics; other named the denomination to which they belonged at one time, with the comment that they had given up membership; one told how she had been a Protestant, then tried Roman Catholicism, and now was neither, though she had a "strict code of ethics." Others wrote the word, none, against the Question as to religion. Of these one had been brought up in the Jewish faith.

In order to discover whether attitude or experience was markedly different in the irreligious group, the following information was tabulated:

PERCENTAGE OF AFFIRMATIVE REPLIES TO QUESTIONS 1, 2, 5, and 6, given by THOSE PROFESSING NO RELIGION, AS COMPARED WITH THE WHOLE GROUP.

	Males				Females			
	Over 30		Under 30		Over 30		Under 30	
	No R.	All.	No R.	All	No R.	ALL	No R.	All
Q. 1.	25%	24%	22%	43%	25%	42%	43%	54%
Q. 2.	66%	18%	43%	34%	20%	26%	66%	23%
Q. 5.	8%	30%	18%	52%	0%	11%	43%	54%
Q. 6.	33%	53%	15%	62%	33%	16%	50%	46%

We see that fewer of the irreligious individuals have said that they wished they were dead, fewer have thought life not worth living, and fewer men have toyed with the idea of ways of suicide. More have reported an impulse to take their own lives, and more women have thought of ways of suicide. The group comprises 14% of the older men, and 25% of the younger ones; 10% of the older women, and 33% of the younger. It is interesting to find that 38% of the irreligious men consider suicide to be wrong. None of the women in this group so ~~describe~~ describe it.

The "motives" and "deterrents" ranked among the first five by each of those professing no faith are given below, with the percentage of men and women who assign them such high rank order.

INDIVIDUALS PROFESSING TO HAVE NO FAITH.

Males.

Females.

"Motive"	None. Agnostic. No Sect.			None. Agnostic. No Sect.		
escape difficulty.	66%	100%	33%	66%	--	100%
anticipated disgrace.	66%	50%	66%	33%	--	100%
curable disease.	33%	50%	66%	66%	--	--
r. (of life)	--	100%	33%	66%	--	--
inadequacy.	33%	--	--	66%	--	100%

Deterrent."

rdice.	100%	50%	66%	33%	--	100%
h painful.	66%	50%	33%	66%	100%	--
er times ahead.	33%	--	66%	33%	100%	100%
to others.	--	100%	33%	33%	--	100%
g to end life.	--	100%	33%	--	--	--

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As one studies the answers given by the men and women in this group it becomes manifest that not to them any more than to people who cherish some form of faith does suicide mean total extinction, complete cessation of personal activity.

The point is important since here, if anywhere, one would expect to find in operation the "death instinct" if there is one whenever the unattractiveness of living, for whatever reason or reasons, became pronounced. As Freud describes it, there is an urge to return to the inorganic, the original primaeval condition.

As persons who have experienced impulses to suicide describe the occurrences there seem to be a number of urges, the principal conscious ones being:

- to terminate an existing or ^{prevent} an anticipated situation,
- " " unfair demands upon one, unfair responsibility, etc.
- " " anxieties, parental, financial, personal.
- to escape humiliation, coercion, punishment, ridicule, domination, ~~domination~~ effort.
- " " a situation in which there is withdrawal of love, confidence, companionship.
- to secure publicity for personal wrongs, or suffering.
- " " revenge upon one otherwise beyond reach.

Although several have quoted with approval the sacrifice of life for the sake of others, none of the impulses reported originated in this way. The following utterances are quite typical:

"Nothing could be worse than continuing under existing conditions. I'll chance what follows..I am curious to know the sequel anyhow."

"Serve them right if they are shocked and never forgive themselves!"

"This has got to end: I can't stand it."

"I can't live without her love."

"I can't cope with all this."

"Now it'll come out how I've been treated!"

"They shan't get me!"

As women under thirty were numerically the smallest group, their returns are less significant than those for men over thirty, (the most numerous group). Yet the proportion of the irreligious reporting suicidal impulse was two-thirds in each of these groups, a much higher proportion than the fifth or quarter of the unselected age-groups.

It must not be supposed that professing to have no religion may be regarded as an earmark of a potential suicide. Included in the groups are individuals who answer all four questions in the negative, others who write that no matter how disappointing life has been on occasions there has never been the slightest inclination to end things, nor can they imagine being attracted to such a course, and still others who declare that life is well worth living.

One of these individuals surmises that "a man must become very self-centred, must shut out all consideration of life in general before he could seriously consider suicide."

Another who has never had a "definite impulse" yet recalls being half-afraid of the thought that it would be quite easy to end things by putting one's head in a gas-oven. The thought was not prompted by any special difficulty or crisis.

In every age-group, at least two-thirds are unable to recall an impulse to commit suicide. As the age increases, this proportion increases to over three-quarters.

With all due allowance to failure to recall, remembering that these people answered in good faith, there being no compulsion to return a completed Form, and no requirement of an identifying mark, there seems good reason to doubt the universality of the impulse.

As to the possibility that no crises had occurred in the lives of those who failed to experience such inclination, it should be pointed out that many of the individuals answering in the negative were carrying the responsibilities entailed by marriage and the rearing of a family, over and above the responsibility and worry incident upon making a livelihood. Many had been bereaved of parents and other loved ones. A number report love disappointments

broken engagements. Illhealth and other obstacles of the most varied kind were also reported. "Troubles never come singly." It is not true only of the group who experience impulses to kill themselves; yet it is impossible to be sure that there was the same accumulation of irksome trifles, the same piling up of troubles in the case of those where the course did not suggest itself.

We may assume equality of provocation, and ask instead whether individuals are differently endowed, one being natively better equipped to endure adversity than another. Or, we may suppose that a difference in training, in preparation for adulthood, determines readiness or unreadiness to take the rough with the smooth, to merit success though Fate sends failure, to deserve love, though indifference or scorn be one's lot.

If 'knowledge of the holy be understanding' (Prov. 9.10), then the lack of reverence which distinguishes the smaller group from the larger group may indicate shallower understanding of the issues at stake, with too great stress upon the subjective reactions to the various elements of the total situation. Whether irreverence or the denial of sacredness, inability to know the holy, is a resultant from defective native endowment or is conditioned through early experiences, or determined by one's state of health is debatable.

Among the prison population examined (medically and psychologically) in Western Australia, in 1929, four percent were found who reported that they had never cared for approval, though they enjoyed compliment. Where they wished to pursue a course which would bring disapproval, they endeavoured to follow it secretly. If concealment was impracticable, they pursued it anyhow, provided penalties could be avoided. To act as a deterrent, the penalties had to be such as would restrict freedom, deprive of pleasure, or cause physical discomfort or pain. Words, tones, gestures, and looks were without weight.

It was personal convenience, opportunity for excitement and gratification of appetites that were coveted.

Governance, even mild and wise, was detested; partiality was the price of their affection. "Give me what I want even though others cannot have it."

for more than one of the younger individuals of both sexes who have been deterred from suicide only by lack of facile ^{practical} easy means at the moment, there is expressed similar impatience of restrictions, of merited punishment, and a craving for partiality. "We shouldn't have touched him even though he did do wrong."

This is an attitude quite distinct from that of appealing for mercy. A resolution to turn from what is wrong is compatible with inner recognition of wrongness apart altogether from expediency or agreeableness; it seems incompatible with a disposition to resist discipline both inner and outer." I would feel it again, if I knew for certain that I could not avoid discovery and punishment or unpleasant scandal.", writes one of the cases, referring to the suicidal impulse and implying a continuance of practices in defiance of the common code. As one of the gaol cases put it, "The codes are mere humbug; it's being caught that matters."

It may be that this moral bluntness, this insensitiveness to goodness per se bespeaks defective endowment. But quite possibly the lack is conditioned by events of the first year or two of individual life. Later events and training may confirm or tend to obliterate this early conditioning. But we must suppose it to be early, since parents testify to distinguishable reactions from the eight month onwards, in these cases as compared with their brothers and sisters. They describe temper not grief when disapproved of, a tendency to strike back at parents when smacked, to show rage and hate and malice when punished, to be unreasonable in their reactions to refusal or postponement, to lie or evade more frequently than the others, to pilfer or play truant, to shirk tasks oftener, to expect bribes for compliance, to bully those who might report their actions, to be cunning and plausible so as to secure their ends, to ascribe mean or base motives to others; "all these traits persisting despite appeals and endeavours to elicit normal responses.

But by the eighth month, many babies have learned ~~how~~ to get their own way, how to tyrannise over a household; and many unlearn the lesson successfully, if more or less ruefully. In the group

question, it may be conjectured that the babies learned the lesson refused to unlearn it, or were not induced to unlearn it.

There is probably a good deal of significance in the fact shirking and truancy. Janet describes obedience to an external as much costlier than following the devices of our own hearts matter how much vigour is required by the latter courses). people who do not snatch an advantage, who prefer to take their punishment if they have merited it, and who deny themselves illicit gratification even where concealment is quite practicable function more expensive levels of behaviour. They regard opposite action "beneath them". When lapses occur, shame is experienced and may be expressed. With the special group described above, shame is not evoked, merely self-pity and chafing at consequences.

Is the failure to unlearn wilful ways linked with some degree of psychasthenia? If so, the fear of costly obedience to codes, the cost of effort is a defence mechanism. Easily depleted nervous energy is consonant with the facile rage and emotionalism. States of subjective depression are consistent with the craving for "excitement" which shows itself in pursuit of pleasure and evasion of restrictions.

57% of men who lack faith have reported periods when they shed responsibility, craved indulgence, and feared effort. Several of them, in addition, curious illogical ideas of revenge upon those expected tasks to be faced and complicated situations to be avoided. "To get my own back upon my parents and make them repent for treatment of me" (No injustice had occurred merely the light forward consequences of his behaviour. He wanted to be excused, permitted to fall short without comment.) seems a fantastic reason for an impulse to suicide, unless the fear of "bad" behaviour underlay it. Overfatiguability is reported in several of these cases. The same percentage of women who profess no religion report similar periods when self-discipline and compliance with reasonable home standards seemed to be out of their power. They complained that life was sometimes too complicated, producing a state of deep depression. Just as one of the men compared his condition to a psychopathic state, and another to a nervous breakdown, so

two of the women consider that they have been nervously ill at certain periods, overfatiguable, and intolerant of exactions of any kind, however reasonable they might seem, and equally intolerant of suspense or a need to defer action.

It is interesting to find that the percentage of those who adhere to some branch of Christian faith, and those who call themselves Christians or Deists, who describe nervous ill health is much lower; 14% of men (as against 57%), and 25% of women (as against 57%). The percentage includes all but one of the cases who employ the indefinite description Christian. By excluding these, the percentages drop to 16% of women and 8% of men.

Two of the women in this group were at the menopause. In other respects their accounts are extremely similar to those quoted above. Thus one reports despondency when new tasks had to be attempted: "I felt it was too much, more than I could cope with; there was muddle and consequent depressing lack of success. Another who never had an impulse to suicide used to "luxuriate in moods of melancholy" "I would go alone in order to have silence, and read sad poems, especially Shelley's in which there are passionate desires and sufferings, gazing on grey skies (and the sky almost always is grey), and this not as the result of any desolating experience, but during times of physical weakness." There is an impatience of parental concern, and indeed of any solicitude that suggests that they are not up to standard. There is a tendency to rationalise the recklessness with which they often act by declaring that they can only learn by their own experience and they are prepared (!) to make their own mistakes.

If these cases may be supposed to border upon a psychaesthetic state at the times they describe, yet it must not be forgotten that each of them is living in the community in a way sufficiently close to the general conception of efficient adulthood to pass muster.

There is some evidence that a number of those who have contemplated suicide in all seriousness have been brought up in a way differing materially from what theorists would recommend. It is

fact that most investigators of antisocial behaviour have described repressive arbitrary rule as a frequent background for rebellion. Adults at the pre-pubertal and adolescent periods do not react well when they are so unlucky as to be fatherless, only children) to planned by regime/~~or~~ maiden aunts. Nor is over-concern ever beneficial.

Unfortunately, it is only an occasional record which furnishes a glimpse of the home-relationships; so that we can only put on record the surmise that training has conditioned many of the unwise ways of reacting, and that there is the less need to invoke defective heredity or endowment to account for them.

When we scrutinise the data yielded by the answers to the questionnaire, in order to find out, if we can, why suicidal inclination has been just so frequent and not more or less frequent in this group of supposedly normal adults, we come up against differences in age, sex, social status, financial status, occupation, marital condition, number of friends, and so on. Are we to ignore these differences, and assume that there is equal likelihood for an impulse towards suicide to occur? If that seems highly questionable, the questionnaire method is not the best way to find an answer. Intensive study of the total life-situation of would-be suicides representing all types and classes seems to be the only possible way of evaluating the influence of such factors as are listed.

Section 2
In part 4, a number of such case studies are considered. But the group is relatively small and selected in the sense that all would-be suicides do not fail to achieve their purposes, nor do all failures in Edinburgh enter Ward 3 of the Royal Infirmary. The group is unselected only in this respect that every unsuccessful attempt dealt with at the Infirmary was investigated at the period of convalescence and subsequently. There is a distinct possibility that well-to-do people who fail in an attempt upon their lives come under the care of private practitioners; while destitute, the unemployed, the homeless, the delinquent, and the people of moderate means enter the Infirmary.

In answering Question 2 of the Questionnaire, one woman is quoted because of the stress she laid upon the restraining influence of thoughtful and kindly discussion. Hers was not an isolated case.

Among the individuals studied at the Infirmary, there were many whose inclination was of long standing. Of these a considerable number had been deterred from acting upon their impulse to suicide, by friendly counsel couched in acceptable terms.

It has long been recognised that preventive service of this type is practicable. Many years ago, Meyer wrote, "The majority of suicides would remain undone if the would-be suicide could open his heart in his difficulty to a helping friend." In Vienna, there is a Youth-Advising Organisation which has been active since 1928. In 1931, it was stated that there had been over 5000 applications for advice, and over 1,500 had sought counsel because they felt ready to end their lives. In about 500 cases, they reported worry over sex difficulties; in another third of the cases, there was family conflict; the remainder were divided among those who had neurotic troubles and those whose chief difficulty was groundless or exaggerated alarm concerning pregnancy or some other form of bodily distress. Domestic need was a rare ground for suicidal inclination. Such need seems to function as a fostering agency or precipitating factor, psychical difficulties underlying the reaction to the domestic pressure.

Among the counsellors were doctors, nerve specialists, specialists in venereal disease, school teachers, and social workers.

MOTIVATION OF ATTEMPTED SUICIDE..

URGE WAS EXPERIENCED WAS IN EVERY CASE BELOW TWENTY.

SECTION VI.

REVIEW.

M O T I V A T I O N .

REVIEW:

From every source available, material of much the same type has been forthcoming. All evidence points conclusively to the fact that motivation of suicide is never direct and simple, but is always the outcome of conflict, always overdetermined, always the resultant of factors realised and unrealised, as much moulded by the future as by the past or present.

Impelled by the past, biological, developmental, and social, with initiated activities as yet incomplete; held back by the past, developmental and personal, where old relationships tend to reinstate themselves; urged forward by present surging humiliation, rage, or fear, or outer stimulation, held back by present shrinking from the little known, the final, and what may hurt; attracted to a future which could not possibly be worse, and might conceivably be better, deterred by ideas of what must be foregone or by a wish to find some other solution; so the factors come into play, reinforcing one another or cancelling one another; and the outcome is all we have to tell us that the impelling factors were decisive, and the restraining forces overpowered.

And this is the situation where awareness is the arena. Even less is known of the unrealised factors which promote the act or hinder it.

REVIEW: Continued.

Suicide is a human act, an organismic adjustment. What it means to the individual -- defiance, escape, a giving-up, a reproach -- constitutes its essentially human character. What it does to the organism as a unit, and so to the group of which it is a unit, constitutes its biological and social importance.

As a meaningful human act, a purposeful adjustment, the attempt at suicide is designed to terminate the existing tangle, to cut the Gordian knot, or to forestall foreseen disaster. The organism as constituted is to be sacrificed. Implicit in all testimony lies the assumption of continued but differently organised experience. Risking the aftermath, explaining that there is no other way, preparing to shift the blame, all depend on the assumed continuance of the willing and doing self.

It is then the disorganisation of the existing system, the organisation of another system, at one and the same time.

In Section II of this Thesis, p. 138, we classified many factors which had been noted in the study of case-material. The table is not exhaustive. It does not include the goals towards which each moves, goals which shape the conduct just as certainly as gravitation shapes the downward course of any mass. To understand the "Now" of human conduct, whether the "Now" be an attempt at suicide or any other adjustment, we must be able to picture to

REVIEW: Continued.

ourselves how influences from without and within, from past, and present, and future, can function together.

Analogies are admittedly dangerous, but so long as the user remembers the nature of his tool and does not mistake it for what it is not, analogy may serve him very well. So with diagrammatic representation of the intangible fabric of experience. Scientists describing the constitution of the atom are permitted to speak of electrons whirling in their several orbits, nearer or further off, and to represent the intangible something about which they travel, the nucleus, as a much bigger dot on their diagrams than the tiny electrons. So long as the patterning carries a significance which fits facts, they are not denied concreteness in their representations. They are dealing with factors no more tangible than experience, with dynamic sequences, not particles however tiny, with evidences of design. And that is what is to be pictured as far as may be in the diagram of the specified "Now" which constitutes the attempt at suicide.

First let us compare the living unit to a self-winding clock. As tensions are released, others are set up. In the clock, however, few tensions coexist, because the mechanism does not call for many governors. In the organism, the number of co-existing tensions is indefinitely large.

Just as the unwinding of the mainspring may set off, at various stages, the resolution of minor stresses in other parts of the clockwork, so, too, in an organism, there are governing tensions which in the process of resolution release or lock subordinate systems, perhaps intermittently.

Just as the energy bound in the mainspring of the clock

REVIEW: Continued.

is derived from without, so, in the living organism, tensions are established by energy impinging upon it from the total milieu. And as the unwinding spring serves to wind another so in the living unit some activities give rise to others. Ultimately the mechanism needs new power from without. The living being is constantly supplied from without. The clock needs mechanical force; the organism draws upon many sources of power, of diverse types, not all of them identified.

While the clock functions as such, its indicators move onward till the week or month or year elapses which completes the cycle set; and then commence anew the self-same round. While the individual exists as an ordinary human being, his behaviour has direction also. Subordinate acts have each a characteristic sweep or rhythm, but the maturing self, the one who grows older, manifests behaviour which is described as a line, the resultant of all inner and outer forces operating.

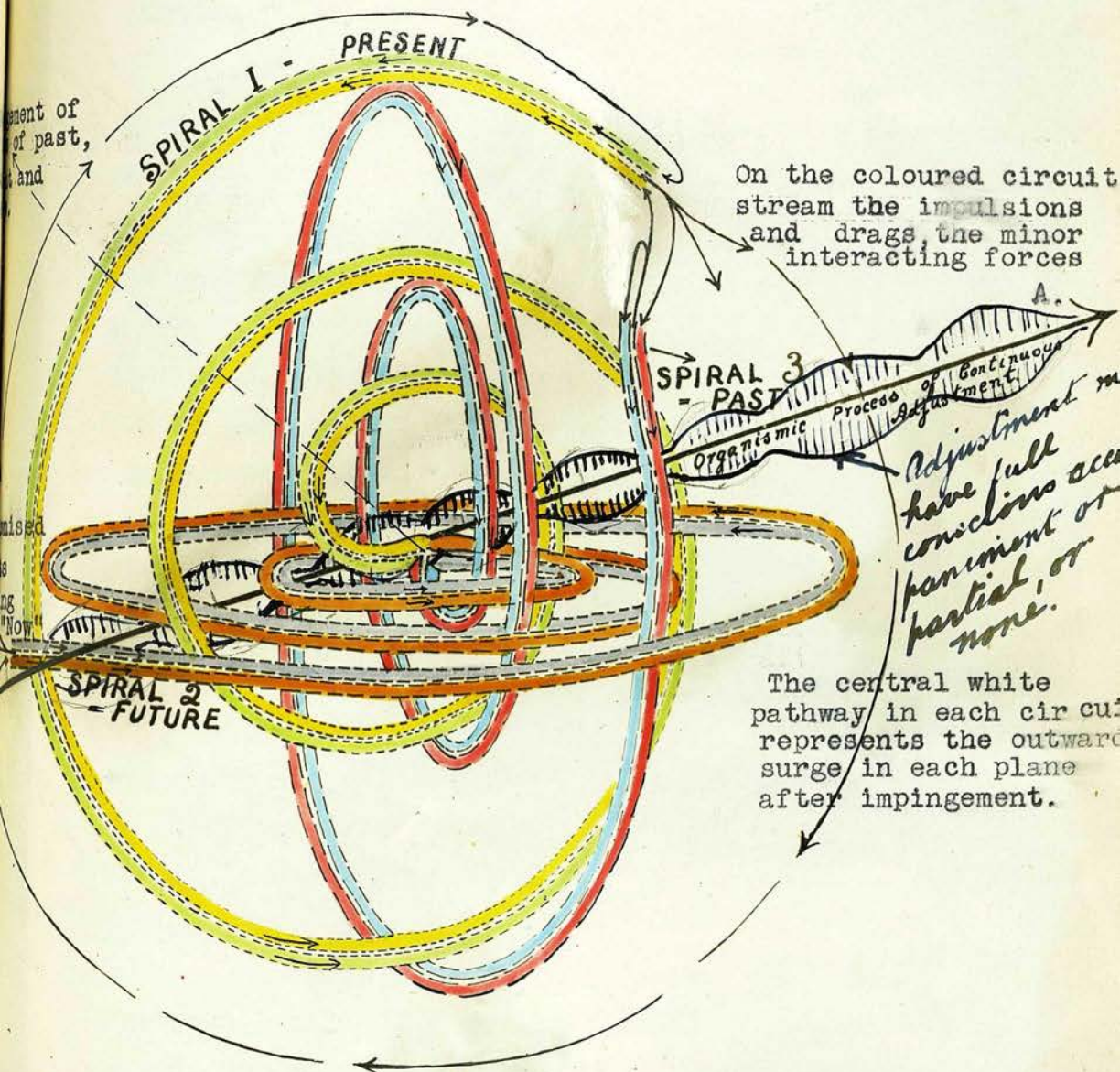
In the attached diagram, for the drawing of which I am deeply indebted to Professor Lelean and his staff, an attempt is made to suggest how, at each "Now" in the onward of organismic adjustment, there is interaction of moulding forces.

Suppose indriving forces of past, present, and future, to impinge as at the centres of the interwoven spirals and to proceed outwards again in their respective planes.

Suppose, too, that a kind of gyroscopic stability results from the play of forces operating on the x, y, and z ordinates, then the course of experience along the line A-B would possess continuity.

Whether, and how much, and for how long, the course A-B would deviate from a given direction would depend upon the variations in relative intensity of the three systems of forces.

DIAGRAM TO ILLUSTRATE THE PRODUCTION OF AN ORGANISMIC "NOW",
IN THE PROCESS OF CONTINUOUS ADJUSTMENT CALLED LIFE.



- SPIRAL CIRCUIT I. set up by environmental, physiological, and mental stresses of the present, drags and drives.
- SPIRAL CIRCUIT II. set up by forces of the future, attracting and pulling, or repelling and inhibiting.
- SPIRAL CIRCUIT III. due to interaction of forces from the past, dragging and impeding, or driving and impelling.
- ARROW A - B represents the organismic process of adjustment producing the stream of experience and behaviour with the illusion of continuous being, - a self as opposed to a not-self.

REVIEW: Continued.

Were the impulsions in any one plane exactly equal and opposite to the drags, movement in that plane would cease; and the stability of the organism would be jeopardised. Immediately there occurred a difference in the intensity of pulls and pushes, the circuit would function once more. The form of the circuit would depend on the number of minor stresses and their relative strength, and upon such outer systems of force as may be able to affect it inductively. In this diagram, the spiral form has been employed because the interlacing of spirals furnishes numerous possibilities of synchronised contacts. The implication is that there are 'overtones' of experience at any given moment; and that the "Now" of a given individual has timbre distinguishing it from the "Now" of any other.

(The regularity and equality of the circuits as drawn is an accident of simplification. Experience has not these limitations, though its limits are definite enough.)

The diagram pictures the "Now" as a pattern, not a mere focussing point; the circuit contacts, forming the pattern, frame the central interplay of processes. The regular, equal spirals must be imagined to transform themselves automatically into larger or smaller circuits, simple or exceedingly complex. The endurance of the "Now" depends on the continuance of the three independent systems in a given condition of stress. Such continuance is unlikely to be lengthy, for each system is constituted by many component forces, each having its own variations in intensity..

Domination of the "Now" by any one of the three great circuits implies either that in both of the remaining

REVIEW: Continued.

circuits, pulls and pushes almost counterbalance each other; or that by an enormous difference between pulls and pushes in the dominating system, there is a masking effect.

Such masking is accompanied by constriction of the field of awareness. Excruciating pain has power to master minor competitors in the spiral of the present, and the stress value of this circuit is likely to dwarf that of the other two. Pain dominates consciousness concomitantly. Strong affects like strong sensory stimuli seem to regulate the relative potency of the three circuits. Thus it is that past experiences of great affective value may "swamp" the "Now"; just as intense dread of what is foreseen may interfere with awareness of present stimulation.

Note that the diagram is not to be read as a representation of a "conscious field". The "Now" of our diagram depends as much upon what cannot come to awareness, what is not mental experience at all, as it does upon what is or may be realised.

Awareness may include components from all circuits; but need not. It may be diffuse or concentrated. It may end abruptly or gradually and be reinstated. But one "Now" succeeds another without interruption, until the final "Now" spells disintegration, or disruption. Successful suicide is a "Now" of final disrupting character; but attempts which are abortive, however they may jar or jangle the interlocked systems, merely produce a deviation in the line of organismic behaviour.

The "Now" of each member of the suicidal group is of interest for the purpose of this study.

The "Now" which conditioned the attempt, conditioned the mode chosen. Referring to the diagram, incoming stimuli

REVIEW: Continued.

Oversupply may accompany the ingestion of poison; Undersupply occurs in drowning. Damaged reception or defective canalisation or inability to give vent to energy may be attendant upon cutting or jumping.

All this is very artificial. But the point is to be made that attempted suicide brings the individual into conflict with environmental energy in abnormal fashion, from an organismic point of view. Where the attempt is abortive, the total inner system must readjust itself so as to cope with the embarrassing overplus of energy, or to permit of renewed reception or discharge.

Awareness may or may not have lapsed. As it is always intermittent, such interruption is of no consequence. But the organisation of forces may have been so seriously deranged that a crippled or otherwise handicapped individual emerges. The crippling need not be overt. Any traumatic experience alters the canalising system of forces, and mental handicaps are the result.

Seventy percent of the cases investigated on recovery from attempted suicide reported a depressed state of mind in which such useless ideas as the following harassed them: "Now it will be a thousand times worse; they'll have this to say about me." "I'll never live this down, never hear the last of it; and, what they don't say, they'll hint." "How will I walk along the street knowing everyone is pointing me out for doing this?"

Others show the mental handicap even more definitely.

VIEW: Continued

discredited in their own eyes by their failure to achieve their purpose, they brood over ways and times for subsequent attempts: "Next time I'll pull it off."

Or, impressed by the dismay expressed by relatives, they acquiesce in supervision: "This shows I'm not fit to be at large." "I'm not safe: I ought to be put away."

It may be that the after-effect is merely to reinforce unfortunate trends already in evidence. Case 5, snatching at the consolation that her neck-scar will be no more conspicuous than many post-operative scars, decides so to describe it. Case 8, now that her hasty attempt to "make them sorry" has failed, realises from their affectionate and indulgent attitude that she has forged a valuable weapon with which to defend herself from restrictions in the future.

The total after-effect, is infinitely ramified, and cannot be described here. Only the disabling consequence is under discussion; and it is disablement from the point of view of normal shouldering of responsibility.

BECAUSE of the intensely individual character of motivation, it proved extraordinarily ^{difficult} to group cases. The short notes in Section II, B, indicate grouping for one feature at a time. The members of a group dispersed themselves among several unlike classes when any other feature

REVIEW: Continued.

was considered.

Only when objective classification was in use, as for example dependence on, or independence of overcrowding did group^{-ing} prove worth while.

The remarkable uniformity of statistics over long periods of time seems to be due to the relative stability of social organisation and of other forms of pressure upon the individual.

The preventable suicide is so described because it seems quite feasible to secure the non-occurrence of this type of case.

But the numerous group of would-be suicides inevitable in our form of civilization and the smaller group labelled accidental must be reckoned with.

Where danger signals are not in evidence preventive measures do not come into operation; and there will always be the small number due to failure of reasonable precautions.

As minimising suicide, the evidence is all in favour of stable social standards, especially where these govern individuals so grouped that each has his rightful place, and can claim a friendly hearing in time of mental stress, and disinterested counsel in time of temptation.

It is a man's philosophy of life, his code of values which determines his behaviour; and it is futile, by listing his acts, noting time, place, method adopted, degree of effort expended, and attendant circumstances, to attempt to show what any response means to the individual, what was the mainspring of the activity in question.

Immaturity of outlook, defective poise, perverse cravings, feeble mindedness vitiate adjustments, no matter how gifted the teacher, no matter what wealth of equipment he has at command.

Superior endowment, insight, self-mastery permit entrance to different realm of functioning.

Even where individual differences of endowment and preparedness need not be premised, a given course may be

- a. accidental, unforeseen, bewailed;
- b. accepted as inevitable with serenity;
- c. entered upon as a scientific experiment;
- d. undertaken to reinforce some personal decision;
- e. sought for the sake of the expected outcome.

Thus a fast might be imposed upon aviators forced down in a desert area; chosen by physiologists during research; endured by patients prior to operations; undertaken by a Gandhi; or sought as a method of suicide by victims of melancholia.

Whether the refusal of food is a means of testing one's length of purpose, or a device to secure loving solicitude for something different from either may be guessed at by observers. The fasting individual himself knows something about the conscious purpose, which no one else can know unless he chooses to

put it into words. But even he, in all probability, views the behaviour imperfectly and inadequately, many factors remaining unrealised.

These considerations influence the scheme of any enquiry as to motivation of any species of human conduct.

From the subjects themselves we must endeavour to obtain such an account of abilities and disabilities, of successes and failures, of satisfaction and privation, of beliefs and longings, of griefs and regrets, of attitude and outlook that we may interpret his account of how he came to attempt his life in terms of purposes avowed, or not.

Attendant circumstances must also be studied. Some evidence of kindly thought for others, some absurdity in execution, some histrionic element may serve to direct further enquiry, and lead to sources of information till then unsuspected.

What teachers, friends and employers have to say about disposition, and character, development, health, intelligence, and usual routine has great value when duly appraised in that it serves as a touchstone for the candour of his report in regard to school record, family concord or discord, business efficiency, and social acceptability. Misrepresentation and evasion in these matters does not augur well for sincerity in the account of conflict or privation.

Goals are of various degrees of remoteness. What may be termed a final goal influences behaviour intermittently as far as consciousness is concerned, but determines complicated adjustments of innumerable types.

A final goal moulds behaviour on whatever plane, biological, intellectual, social, ethical, and bears upon the total organismic relations.

On the biological plane, self-preservation as a goal so disposes stresses as to promote nutrition, comfort, gratification of appetites generally; on the intellectual plane, the same goal determines satisfaction of interests, whether of seeking, acquiring, looking into, judging, reasoning, or being efficient. The ethical plane imposes a new character upon the self to be preserved. So far, the goal required the preservation of the mind-body as a unit. On the ethical plane, striving toward the goal may involve the disruption of mind-body (if we think of two, a mind and a body, somehow functioning together.) or the disintegration of the unit, mind-body, (if we consider mind and body to be inseparable.

This paradox of a goal, self-preservation, which may and often does involve the termination of the organism may be illustrated by social codes.

Conforming to the code accepted by the individual as the "best he knows" the "most worth while" is held to be wisdom in scorn of possible ^{injury} to the body or mind.

The man who safeguards his skin or any private interest at the cost of a principle he has professed, a cause he has espoused, will be excused as discreet or prudent by those who would do the same in his place. Sometimes these apologisers have not themselves been convinced of the essential rightness of either cause or principle; and they take the default as evidence that the man is no longer convinced. Sometimes,

they are individuals whose ethical perception has been blunted or has never developed normally.

The default is described as pusillanimous, ignoble, meansouled by those who would fain hold to the code which he abandoned in favour of longer living, or of living in greater material comfort.

Great men of all races, all eras, all climes won recognition by daring greatly in some field of human endeavour. Steadfastness in pursuit of a goal hedged about with misconception, unpopularity, personal peril is acclaimed as heroism in friend or enemy. Hero-worship makes it plain that preservation of the individual organism is not the approved ethical goal.

" Since right is right, to follow right
Were wisdom in the scorn of consequence."

That this is the vision not merely of poet, or patriot, but of the oft-quoted 'man in the street' is evident from the response to Kitchener's appeal for volunteers on the ground that Belgium had been invaded despite the famous 'scrap of paper'. History is brightened by stirring tales of endurance, renunciation, chivalry. Classical story pays homage to personal courage, filial devotion, unswerving loyalty to friend or lover, king or country, when such loyalty meant hardship or persecution, mental agony, and perhaps, death.

It is timely to recall that instances of great bravery are held to transform the commonplaceness of an everyday sinner

It is the heights he rises to, by which history appraises a hero, not the depths to which he may have sunk when no emergency existed, or was recognised. Usually, the heights are scaled in popular estimation when the leader refuses to

save his life, or his party, or even his nation at the price of ignominy or dishonour.

The Christian paradox is contained in the simple statement: "Whosoever will save his life shall lose it; but whosoever shall lose his life for my sake and the gospel's, the same shall save it."

Socrates chose the draught of hemlock, when flouting civic law was the alternative.

Evidently, then, the commonsense of peoples bids them be true to a self which is other than the mind-body.

Whether this implies superstition, or reliable intuition, to the effect that the code-regarder continues to exist under a realm of laws which does not necessitate bodily continuance, or whether it means that like Wheeler the peoples believe that the organismic process which is an individual life can be reinstated again as it once was, just as a tune played through can be heard again at the will of the musician, provided there be a musical field, need not be argued here.

The goal of self-preservation among human beings then is other than the simple biological goal, other than the one discerned by the intellect.

There are levels of configuration of forces; and a given being from moment to moment passes from level to level.

From sleep to awaken to a great renunciation may be likened to the transition from a vegetative level to an ethical level. Such a transition implies that the system of stresses within the individual adjusts to a new total system of forces which now includes it. An opposite

transition means that the individual emerges from the more complex field of forces and readjusts to a simpler field. From attending to a clear presentment of scientific discovery to turn appreciatively to one's supper is a case in point.

Body, mind and spirit compose one organism at such times as all three are active. The 'self' of this trinity of forces knows values foreign to the merely rational 'self'; just as the intellect appreciates ends distinct in type and quality from goals subserved by the body when reason sleeps.

Just as mental life may be in abeyance, so ethical and spiritual functioning may cease. Such intermittent functioning also characterises the several bodily functions, though intervals vary enormously in duration.

In respiration, the rest-pauses are short, but not so short as the intervals between heart-beats. Digestion proceeds by stages, each stage having a resting stage of longer or shorter span according to individual habit. Sexual behaviour manifests even more marked intermittency.

Just as each phase of being exemplifies intermittent activity, so each seems subject to maturation, to ill health, to multiplication, to disintegration. "The mind grows by what it feeds on", needs stimulation and exercise appropriate to each stage of its development, needs relaxation and rest, and frequent change, if it is to be healthy; needs 'disciples' if there is to be multiplication of its judgments or other processes; and disintegrates under prolonged attack.

Spiritual discernment improves with diversity of occasion for activity, matures as the individual functions on adult lines in connection with duties undertaken, responsibilities

shouldered; multiplies itself by awakening ethical insight in others; becomes dulled by disuse, and suffers death when spiritual laws are violated overlong.

Shakespeare makes Brutus, the serene philosopher, condemn the suicide of Cato as cowardly and vile, and plan to "arm himself with patience to stay the providence of some high powers that govern us below." But this same Brutus, in the throes of grief, not only because of the terrible death of his distracted wife, not only because the campaign has gone against him, but because of underlying uneasiness as to the part he played in the assassination of his friend, Caesar, is readily played upon by Cassius

Cass. "Then, if we lose this battle

You are contented to be led in triumph

Thorough the streets of Rome? "

Br. "No, Cassius, no; think not, thou noble Roman,

That ever Brutus will go bound to Rome;

He bears too great a mind.....

For ever and for ever, farewell, Cassius."

Not the well poised thinker, but the hallucinated exhausted soldier takes his own life:

Br. "The ghost of Caesar hath appeared to me
Two several times by night; at Sardis, once;
And this last night here in Philippi's fields.
I know my hour is come.....

Thou seest the world, Volumnius, how it goes;
Our enemies have beat us to the pit;
It is more worthy to leap in ourselves
Than tarry till they push us.....

Caesar, now be still;

I killed not thee with half so good a will."

In the Tempest, Shakespeare taught that when played upon by fear and grief, a guilty mind will tend to read references to his trespass in the very sounds of wind and rain; ascribing his plight to the sin of long ago, Alonzo sought to terminate it, and so share the supposed fate of his innocent son;

Alonzo.

"O, it is monstrous, monstrous !

Methought, the billows spoke and told me of it;
The winds did sing it to me; and the thunder
That deep and dreadful organ-pipe, pronounced
The name of Prosper; it did bass my trespass.
Therefore my son in the ooze is bedded; and
I'll seek him deeper than ever plummet sounded,
And with him there lie muddied."

In Measure for Measure, Act 3.Sc.1, Claudio seeps himself in the horror of death, repents his resolution, and beseeches his sister to save him, though at the price of honour:

Claudio.

O, Isabel!

Isabel.

What says my brother?

Claudio.

Death is a fearful thing.

Isabel.

And shamed life a hateful.

Claudio.

Ay, but to die, and go we know not where;
To lie in cold obstruction and to rot;
This sensible warm motion to become
A kneaded clod; and the delighted spirit
To bathe in fiery floods, or to reside
In t hrilling regions of thick-ribbed ice;
t To be imprisoned in the viewless winds
And blown with restless violence round about
The pendent world, or to be worse than worst
Of those which lawless and uncertain thoughts
Imagine howling! 'Tis too horrible!

The weariest and most loathed worldly life
That age, ache, penury and imprisonment
Can lay on nature, is a paradise
To what we fear of death.

Isabel. Alas, alas!

Claudio. Sweet sister, let me live.

In the same play, the dramatist pictures alcoholic insensibility to the nearness of death:

Act 4.Sc.3

Duke. Hath he borne him penitently in prison? How seems he to be touched?

Provost. A man that apprehends death no more dreadfully but as a drunken sleep; careless, reckless, and fearless of what's past, present or to come; insensible of mortality, and desperately mortal.

Duke. He lacks advice.

Provost. He will hear none; give him leave to escape hence, he would not; drunk many times a day, if not many days entirely drunk.

Shakespeare in King Lear depicts Edgar forestalling his tortured father's desperate resolve, and then persuading him to the belief that the gods had preserved him....

Glo. Henceforth, I'll bear
Affliction, till it do cry out itself,
Enough, enough, and die.....

You ever-gentle gods, take my breath from me;
Let not my worser spirit tempt me again
To die before you please.

Yet the black news that Lear has lost the battle brings back the will to suicide.

Edg. What, in ill thoughts again? Men must endure
Their going hence, even as their coming hither;
Ripeness is all.

MOTIVATION OF ATTEMPTED SUICIDE.

In Vol.1, of his "History of European Morals", Leckie relates that Cato was reading Plato's Phaedon, in which all suicide is condemned, the night before he took his own life; whereas Libanius was deterred from suicide, after the death of Julian, by reading the Phaedon. The reader, his outlook upon life, his purposes, his attitude towards coming events, and his actual situation determine very largely whether or not given subject matter will be found convincing.

Seneca insisted upon a man's right to die, but thought it folly "to die through fear of death". And the Stoics held it unseemly for a man to take his own life where the act would be an injury to the State. Perhaps the commoner view in ancient times was that death was a law of nature, a law to which man could conform when and how he found it expedient. However many examples and many legends make it plain that endurance and fortitude were expected of a hero. Hadrian is said to have likened suicide in the Roman soldier to desertion; and there are criticisms of suicide in the face of pain to the effect that the individual has been conquered by pain.

In modern times, the stigma attaching to suicide is much more pronounced than this. Most Western countries associate the act with criminality; though there is in evidence a tendency towards leniency, a readiness to 'drop the charge', where it can be shown that the individual is in good hands and will be unlikely to make a similar attempt (should the first have been unsuccessful) or to assume that he was temporarily insane when suicide occurred.

Some of the suicidal group expressed a hope that by dying they would attain to more manageable situations, others among them sought to secure more pleasurable contacts. None voiced a wish to "rise on stepping-stones of their dead selves to higher things" Death as "the wages of sin" as closing the "claims" sin has, and setting the individual free for a sinless start, a new opportunity, is rather too abstract a conception for this poorly endowed group. Nor did any among them refer to the attractive conception of death as a leaving-behind implied by progress. Errors, sins, if you like, are sooner or later terminated (from one point of view), outgrown (from another).

Fear of effort, sense of inadequacy, impatience and rebellion at the thought of obligations, frequently accompany anxiety. Janet taught long ago that such accompaniments depend upon behaviour which calls for all or practically all the mobilisable energy of the moment. Where the bare doing entails such enormous expenditure, there is no surplus energy for satisfying affective experience. How has the individual depleted the energy at command to such a serious extent?

First of all we must remember as Meyer says that suicide does not happen in just any kind of person. There is a physiological and a biological setting as well as a conscious situation.

Then we must remind ourselves that what rings true to us becomes a touchstone for self-appraisal. The result of each act of self-appraisal whether immediate or deferred is to produce power for further effort (self-confidence) where self-approval is generated, to lessen confidence and diminish readiness for effort when the verdict is unfavorable.

Just as we may shut our eyes to what is going on before

us, so we may and often do ignore the deleterious effect of acting in defiance of sanctions we cannot but acknowledge. Wilful persistence in such courses generates anxiety, or fear for one's own well-being; and this may operate on many levels, perhaps synchronously. There may fears regarding one's own health; social fears like that of ostracism, victimisation, losses, dismissal, penalties; or fears on an ethical plane, of unworthiness, guilt, sin.

Where the individual arbitrarily seeks to banish fear, to deny even to himself that he is anxious, the stage is set for nervous illness.

The best safeguard against the downward course which leads to suicide is to be honest with oneself. To be true to oneself implies that the touchstone for self-appraisal is applied to each alternative when a choice must be made. Being a 'good sport' to oneself is to abide by the outcome, without permitting tantalising images of foregone delights to undermine resolution or induce that most ignominious of moods, self-pity.

To use another's touchstone is to be dishonest and unfair. Actually, no touchstone will increase the sense of well being - no matter how generous a helping of exciting experiences it permits - unless it incorporates truths we have apprehended, sanctions we cannot ^{but} recognise when we will.

Self-appraisal may hold the focus of awareness, or occur with only dim notice, or even fail to secure entrance to consciousness at all; but it occurs automatically, producing unrest and dissatisfaction where behaviour is below standard.

Practically all cases complained of their treatment by others, or of the hand dealt them by fate. Such complaints are prompted by rebellion, and the rebellion is against wounds to self-esteem. Self-approval may be attacked from without or from within. When attacked from within, the danger to mental health is real.

Wounds to self-conceit are crippling. At the mere threat of such injury, fear, anger, and preparation for defence and counter-attack come into operation.

The type of defence adopted is often pretence. Self-deception is illusory. A stifled conscience destroys inner serenity and poise just as certainly as an outraged one. Illusions may be dangerous, vitiating attempts at adjustment, instead of perfecting them.

Case 20 allowed herself to be guided by her family long ago when they advised her to abandon a sweetheart. He had been unfaithful to her and had copied the example of those who were styled good fellows. Her own bent was to trust his affection to prevent further lapses.

When the engagement was broken he married a barmaid who presumably would not have to be lived up to as would her conventional family group. "He has settled down with her well enough. They have four children and live near my married brother, so I know it is true. He would have settled down with me if they had let us alone." Through the intervening years, she has endured the torment of self accusation, "I ought to have stuck to him", whenever her frustrated readiness for wifehood and motherhood dominates consciousness.

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The story of Parsifal warns us against conforming to a code which clashes with what seems to us to be right and kind. The appeal of the haggard king was ignored because of counsel from a trusted source.

The outcome of deviating from our own principles of conduct whether the deviation be in the direction of doing what others do who have prestige, or of doing as others do who have none is to initiate processes of fear, misrepresentation, and falsification. Case 20 is suffering from melancholia. She voices hatred of the mother and a wish to kill her, "Only it wouldn't do any good". At other times the urge is towards self-destruction. "If I let myself get well, what would be the good? I hate them all."

Case 63 became convinced that he was "different" from other boys and should not engage in the rough and tumble of sport. Then he resolutely acted against his belief, even playing for two teams, until forbidden by his doctor. Similarly he dreaded changes of programme, yet he forced himself to apply for a transfer at the office, and permitted himself to be hurried into a marriage he was not ready for.

Every move has been an attack upon his conviction that he is different. The attacks are conceived as coming from without not from within, and the man has delusions of persecution. "I don't wish to live long. Old age is for those who think clearly. Some of us have never been able to think clearly from the very beginning" he said one day, when insight was functioning sufficiently to make him mistrust his delusions for a little while. "They are hounding me to make me commit

self-murder." he said on another occasion, but self-murder is what he has been conniving at whenever he acted against his feeling of safety. So ingrained is his habit of concealing his fears and anxiety that neither wife nor parents considered him a man to worry about his health. Moreover, he has never been able to make his fear articulate to a doctor and have it thoroughly investigated and laid to rest. "There must be a weakness somewhere." he murmurs after examination and reassurance.

Both dread effort. Neither wants to get well. Many suicidal patients show this characteristic. The history of the symptom is intensely individual, but the result is to reduce behaviour to cheaper levels than self command, conformance to business codes and ethical codes, the shouldering of manifold responsibilities of the adult require. Janet is convinced that the hierarchy of functions includes many in which a surplus of energy must be on tap if accompanying feeling or affect is to be satisfactory. On the level at which decisions are consciously made, the activation of the process of deliberation is expensive. If activation is imperfect or cannot be maintained for long, the accompanying affective experience is reported to be distressing, a sense of inadequacy dissipates energy by derivations (emotional manifestations) and reflection is abandoned and is only reluctantly resumed. When those about a patient press their claims, however justly or kindly, and even when they do not press them, the fear of effort becomes harassing in the extreme. Irritability, exasperation, a sense of being hunted or driven arise in the

bare presence of those who are being disappointed by his failure, are wondering at him, or urging him to pull himself together. Their readiness for and, at times, their craving for cheaper forms of behaviour contradict their professions of fatigue, in the eyes of relatives and employers alike. Worse still, insight may exist sufficiently to convince the patient of his own inconsistency, his own lack of "right thinking", and the insidious fear of insanity intrudes itself. Another source of 'derivation' now exists. Presently the cumulative process reaches a stage when the suicidal suggestion is welcomed as a means of ending torment.

Stoddart has referred to perversion or diminution of instinct, in this case, the instinct of self-preservation.

While it is true that there is behaviour whose immediate goal is escape of pain, injury, death, there is no other common denominator to the innumerable varieties of acts coming under this head. Nor is it confined to primitive levels of functioning as might be supposed if it is to originate early and to persist to the last. Rather we may instance conduct designed to preserve the self on the levels when integration must be most complete. Avoidance of violation of a cherished code, as in Cases 1, 24, 67, 73, and 84, to quote no others, comes under this head just as does avoidance of mental pain, or of physical hurt. Where the act is conceived as relieving other people of unfair burden the "self" is preserved by suicide; acceptance

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of dependency under conditions that overtax or imperil other people may "murder his soul".

Remote conditioning as stressed by Continental writers and their disciples elsewhere is an important feature in many cases; dread of a future in which no term is set to handicap, no pathway clear, is equally potent; sudden removal of accustomed props, overthrow of cherished plans, producing demoralisation, is a third factor of great influence ; and there are many others.

Who can venture to assign as the motive any one of the tangled forces? Without such identification of dominant "motives", grouping of cases under this head is rendered impracticable. The significance of the suicidal act to each of a heterogeneous group is not the mere ideation by which each patient appraises his act. The facts as found do not fit into a convenient framework for discussion. To force the facts would be to make artificial selection from the interacting forces to number the instances, and manipulate the meaningless totals.

As well try to investigate thought in the test tube as to dissect the gestalt of motivation. Fear, self-doubt, pity are not like lead, gold and silver separable from their compounds and constant in reaction. Fatigue, effort and overstrain are living occurrences not measurable save by comparison of the individual with himself to the

extent that that is possible.

The conscious longing for death is a verbalised longing to end an intolerable situation, to terminate suspense, to escape from humiliation, effort, losses, acknowledgements, disclosures, or what not.

"Thank goodness, it was only a scratch", "God in his mercy spared my life", "I'm glad it didn't come off." are expressions suggesting that there had been operating, not the death instinct of the analysts, but conation resulting from a rather contracted range of attention, dominated by anger, hate, jealousy, spite, fear, utter boredom, the recognised incentives being escape, revenge, injury. "Let them fend for themselves", "This will show her up." "They'll never put me in the dock: I'll fix that." "It'll frighten her."

The suicidal attempt results from a definite physiological and biological state of the organism which can be changed and satisfied by certain more or less complicated activities. But while structures exist with which to consummate the urge, frequently they are not linked up as systems or circuits capable, apart from training, of setting off the behaviour indicated.

Newspaper accounts, gossip, and occasionally untoward experiences may and do show how to achieve the end, but such "training" results in many types of attempts. The urge to terminate experiences or to forestall what is anticipated, may be fulfilled in almost as many ways as the urge to procure food or a mate.

Each individual prepares his own food for assimilation by mastication and the processes of digestion, and thus secures tissue renewal. Similarly, each prepares his own situation-data for assimilation by the processes called mental, and thus secures mental development, and forms his own codes of action.

SECTION VII.

FINAL SUMMARY.

FINAL SUMMARY.

The remarkable uniformity of the annual percentage of successful suicides has given rise to the interesting suggestion that there is operating a natural law, not yet formulated, but related to the laws governing population, limiting natural increase.

Our results suggest that there is a nucleus of cases, termed inevitable, because bound up with the very form of social organisation, and another smaller group, termed accidental, because reasonable precautions have failed, which produce the constancy of the figures recorded. The preventable cases produce the variability of the yearly figures.

Mental illhealth occurs in a relatively stable percentage of the population; mental defect constitutes another fairly constant fraction - though incidence may seem to increase as requirements and competition become stricter - and there was not one of the cases studied that had not some mental peculiarity which underlay his disharmony with the group.

DIFFERENCES. The completed act is more frequent with males than with females, in Scotland as elsewhere. The ineffective attempt, accepting those cases which are discovered as a fair sample, occur in Scotland as frequently in females as in males.

OLESCENTS. The adolescent girl attempts suicide unsuccessfully far more frequently than the adolescent lad. It is suggested that household poisons are constantly in view, where girls are occupied; that girls are required to adjust to novel codes and arrangements, for longer hours each day than boys; that the physiological stress of puberty is greater in the case of girls,

and that the likelihood of discovery in time for effective remedial measures to be adopted is very much greater in the case of girls, many of whom are occupied in house duties.

METHODS ADOPTED. The figures for Scotland, for Edinburgh, and the Infirmary group are in agreement.

There is an excess of women over men where poisons are used, and where drowning is attempted.

There is an excess of men over women, when coal-gas is used, and where cutting or stabbing occurs.

TYPES OF ATTEMPT. These have been deliberate or hasty.

55% of the men in the group studied individually made deliberate attempts.

28% of the women in this group made deliberate attempts.

Certain of the deliberate attempts were repented of, but more of the hasty attempts were followed by this reaction. Three women and one man attempted to "take their children with them." There was one suicide pact, that of a man and his wife.

ATTENDANT CIRCUMSTANCES. 43 out of 85 cases were living in crowded or comfort-less surroundings.

Only 6 of the men and 3 of the women appeared to be in really good physical condition.

In 11 cases, promiscuity in sexual relations with or without police court record was a feature of the total situation. In 6 cases, the individual was living in irregular association, under stress of reproach and jealousy; and

in each of these cases, there were children of the union.

In 10 cases, there was shirking of marital responsibility.

OUT
OF
WORK.

(15 men and 4 women had been unemployed for over a year.

(6 men and 3 women had recently been dismissed.

(2 men and 4 women had thrown up their posts.

15 of the men and 6 of the women were heavy drinkers.

27 men and an equal number of women were involved in quarrels when the attempt was decided upon.

4 men and 8 women were smarting under reprimand at the time of the attempt.

DELINQUENCY: 11 of the men (25%) and 7 of the women had a police record.

Breaches of the Peace.		Brawling.		Theft.		Prostitution.		Indecent Offences.	
M.	F.	M.	F.	M.	F.	F.		M.	
6	2	5	2	10	2	4		1	

Bereavement had caused disorganisation of family routine and was a prominent feature in 10 cases, 8 of them being men.

PERSONAL TRAITS: A. Inferior intellectual endowment was very common, 20% of the men and 40% of the women being very poorly equipped indeed. Linguistic ability was in many instances far ahead of general ability, and disguised the real trouble. In consequence, unfair responsibility was placed upon these individuals. Verbal morality was common. Faulty deliberation, inability to suspend judgment, and defer action were frequent. Inaccurate report, and glib promises much in evidence.

PERSONAL TRAITS:--- B. Atypical affective experience.

Impatience of all restrictions.

Unreadiness to adapt to situation existing.

Demands for indulgence.

Fear of effort,

Fear of altered routine.

Fear of criticism.

SUBSEQUENT ATTITUDE:--A. Act regarded as natural:

Dismay at the discomfort experience

Surprise " " " "

Act explained, not excused:

To publish injuries.

To inconvenience those who found
fault with them.

B. Defiant acknowledgement:

Threat to do it again.

Anger at thwarting.

C. Disavowal of act:

Confabulation.

Expression of apprehension of
police proceedings.

Apprehension of social penalties.

D. Alleged an inexplicable impulse.

REDETERMINATION OF ACT.

Conscious goal of the individual conflicts
with goals acceptable to community. The immediate pleasure
urge takes precedence over any desire to merit approval.
By reason of this disharmony, he constantly meets disapproval,
and develops a keen sense of inferiority.

ill-

Because of health, tribulation, traumatic
memories, or unstable nervous systems, these individuals
are functioning on low levels. Where reflection must
occur, there is little surplus energy mobilised to carry
such affective accompaniment as pleasure.

MOTIVATION OF ATTEMPTED SUICIDE.

Each source of data has confirmed the finding which the smaller group yields that motivation is exceedingly complex. Factors realised and unrealised influence the attempt. Past, present and future contribute to what is intended to be the final adjustment.

MEANING OF SUICIDE: It is always a means, not an end in itself. Death is not conceived as such; what is aimed at is a drastic change in circumstances, a real finality, to the situation which is otherwise unmanageable.

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APPENDIX.

SPECIMEN TEST BLANKS.

RECORD SHEETS FOR

"FEARS" AND "LIKES".

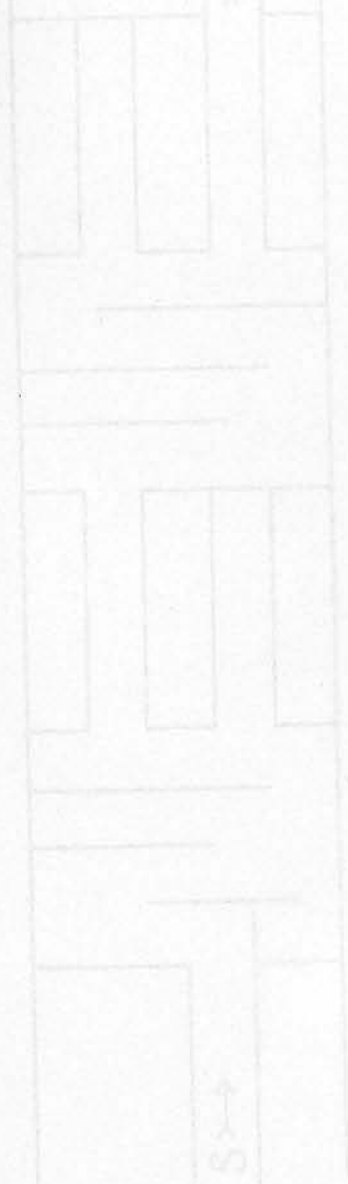
(Adapted from the Pressey X-O Tests.)

ST.

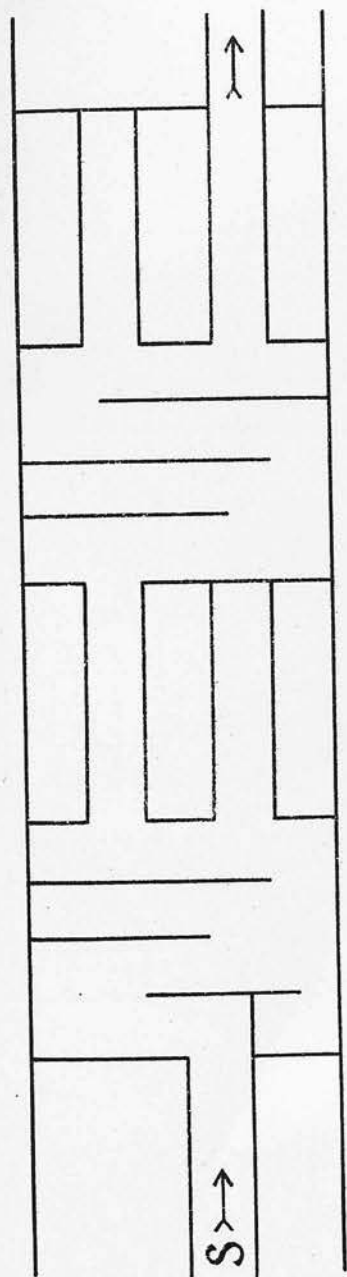
fortune-telling, boating, beaches, mountains, cinemas
camping, tennis, walking, eating, soda-fountains
Bethoven, Edison, Napoleon, Raphael, Tennyson
issing, flirting, pretty girls, talkative girls, athletic girls
dying, dancing, day-dreaming, football, reading
aking, elocution, acrobats, minstrels, smoking
raphones, bands, flutes, banjos, singing
z, ragtime, hymns, waltzes, solos
d boys, handsome boys, rough boys, rich boys, leaders
ions, society, clothes, banquets, games
lmistry, pageants, card-parties, clubs, socials
fee, onions, mushrooms, mustard, ice-cream
eeping, teaching, clerking, loafing, typewriting
ors, musicians, aviators, engineers, artists
wgli, Tarzan, D'Artagnan, Hamlet, Gallahad
ivals. deacons, prayer, priests, church
ench, Drawing, English, History, Science
ies, sports, sailors, children, animals
llege, business, farming, housekeeping, travelling
usiness-men, salesmen, nurses, teachers, soldiers
wspapers, poems, debates, books, magazines
rds, bargains, switch-backs, machinists, electricity
aufeurs, doctors, professors, bankers, grocers
tels, country, cities, crowds, circuses
cing, seaside, fishing, arguing, joy-riding

illness, work, forgetfulness, school, blues
headache, fault-finding, sneer, depression
happiness, clothes, sickness, looks, unfairness
encouragement, self-consciousness, failure, accidents, worry
anger, disease, pain, money, awkwardness
nervousness, germs, insult, disfigurement
manners, habits, medicine, tuberculosis
suspicions, death, religion, weakness
kindness, teachers, enemies, lightening, tiredness
homeliness, rivals, insanity, police
business, wrecks, storms, falling, longings
popularity, suffocating, boys, conscience
forgiveness, poison, business, lessons
friends, crowds, girls, society
nightmares, parties, movies, athletics, morals
clubs, teasing, dances, jealousy
happiness, sleep, food, marriage, stupidity
earnestness, soul, whispering, drowning, lies
gun, engagement, fainting, blushing
thieves, burglars, impulses, politics, dream
hours, family, chums, crying, twitching
health, dirt, over-eating, dogs
weapons, knives, disposition, persecution, grave
humour, jokes, cats, books, germs
activities, roughness, flightiness, employer, childishness

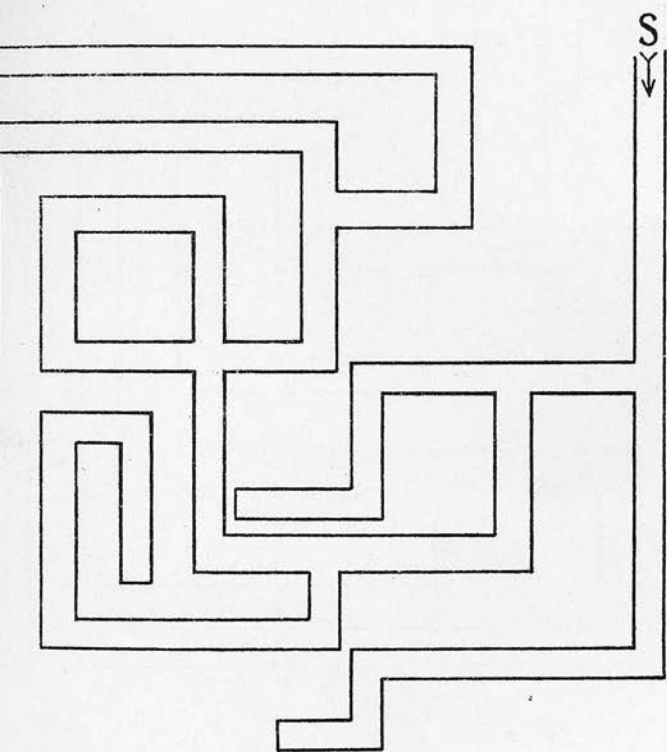
Blanks for the Porteous Maze Tests.



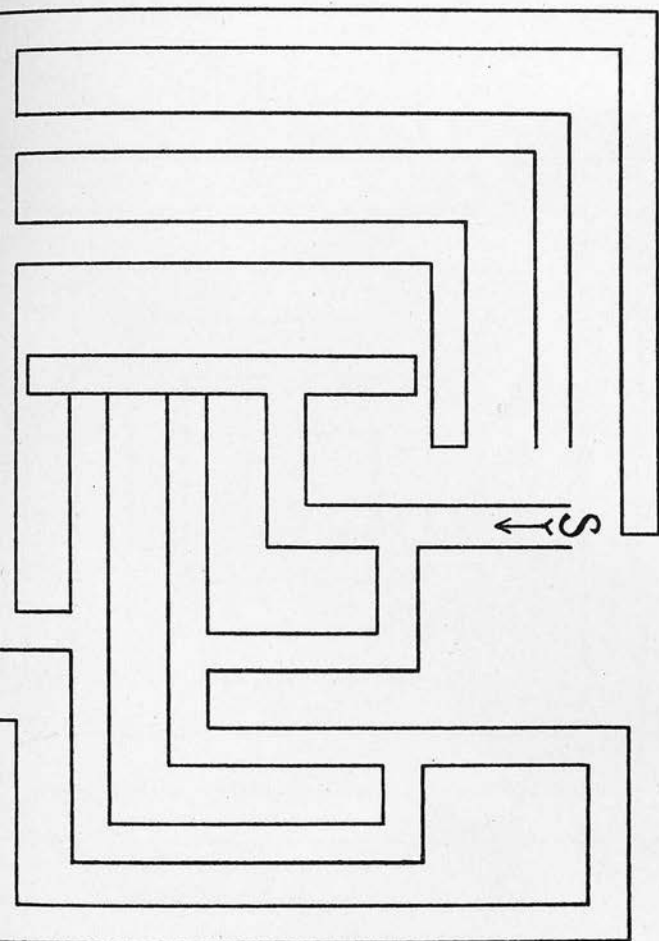
Page 5.



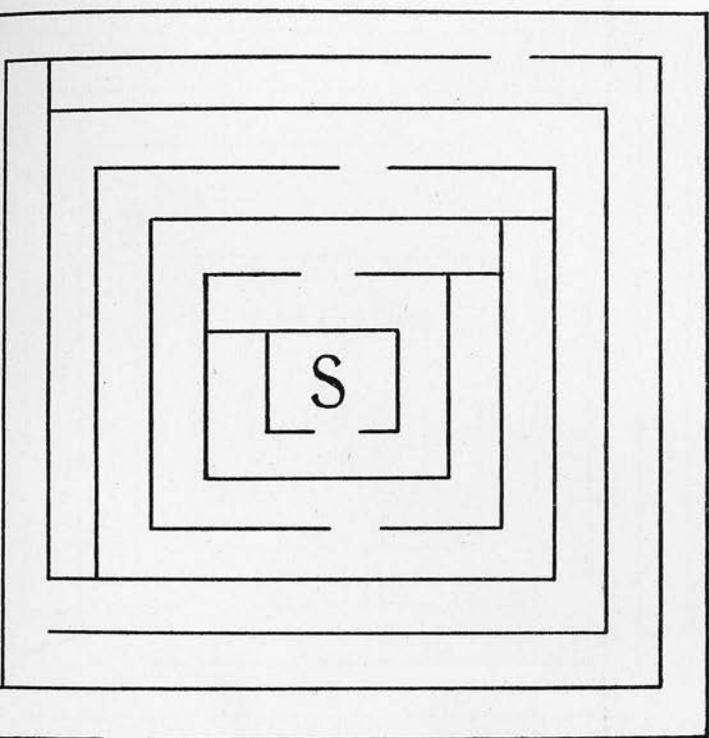
Year 5.



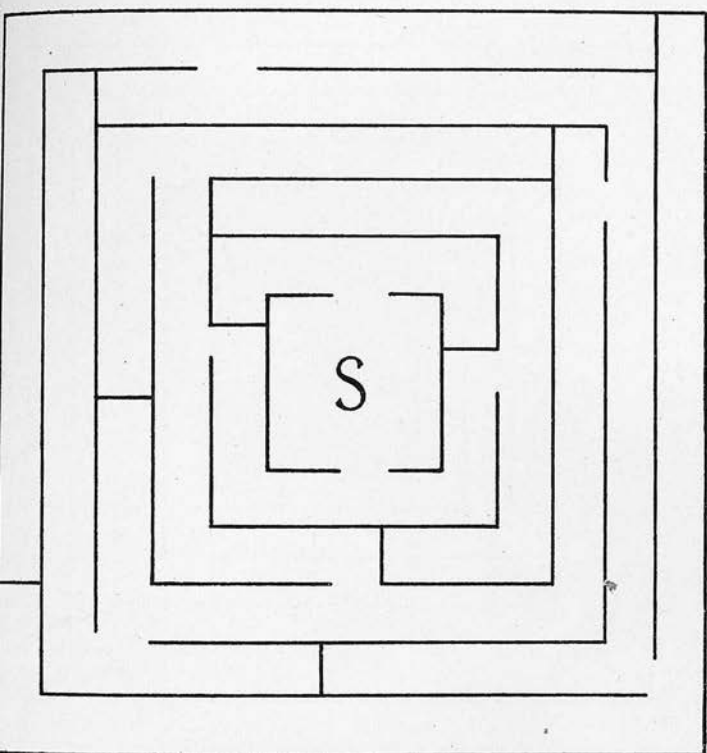
Year 9.



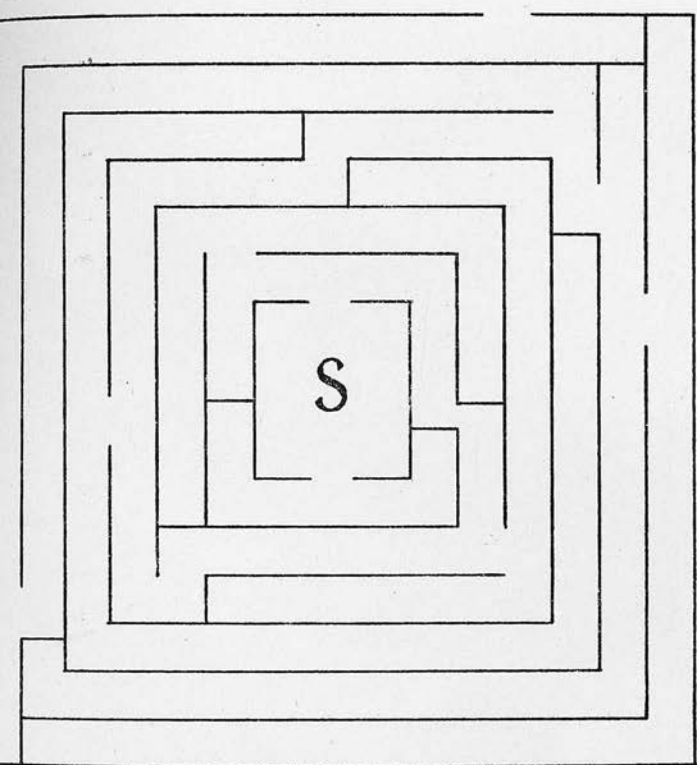
Year 10.



Year II.



Year 12.



Year 14.

(a) *The Substitution Test Blank.*

2	5	3	7	9	6
P	F	B	M	S	L

P	F	B	M	S	L	F	M	L	S
P	B	L	S	B	M	P	F	S	M
L	B	F	P	B	P	M	L	F	S
F	M	S	P	L	B	B	S	L	M
P	F	F	M	S	P	L	B	L	P
S	F	M	B	B	S	M	P	F	L
B	S	L	M	F	P	F	B	L	S
P	M	M	S	L	P	B	F	B	L
S	M	F	P	B	F	P	L	S	M
L	M	S	B	F	P	S	B	F	M
P	L	M	P	L	F	B	S	M	L
S	P	F	B	L	P	S	F	B	M
L	F	S	P	M	B	F	M	B	S
P	L	P	S	L	M	F	B	L	F
S	B	M	F	F	L	S	B	P	M
P	M	F	S	L	B	L	S	M	F
B	P	S	F	P	M	B	L	F	S
L	B	M	P	P	B	L	F	S	M
F	S	L	P	M	B	B	L	M	P
S	F	F	L	S	B	M	P	M	S
L	M	B	P	F	M	P	S	L	B

ANALOGIES.

t 9297/27

In the blank space provided for the answer, fill in a fourth word standing in the same connection with the third word as the second word does with the first. Work as quickly as you can.

ANSWER.

1. Prince is to Princess as King is to
2. Pencil is to Drawing as Brush is to
3. January is to February as First is to
4. Sailor is to Soldier as Navy is to
5. Moon is to Earth as Earth is to
6. This is to Here as That is to
7. Day is to Midday as Night is to
8. Little is to Big as Dwarf is to
9. Foot is to Leg as Hand is to
10. Neighing is to Braying as Horse is to
11. Heat is to Cold as Summer is to
12. I is to Mine as You is to
13. Table is to Wood as Window is to
14. Dining Room is to Bedroom as Eating is to
15. Coffee-grounds are to Coffee-pot as Tea-leaves are to
16. Sheep is to Mutton as Pig is to
17. East is to West as Day is to
18. Penny is to Copper as Nail is to
19. Hour is to Minute as Minute is to
20. Bicycle is to Tricycle as Two Wheels is to
21. Straw is to Hat as Leather is to
22. White is to Snow as Black is to
23. Cloud is to Rain as Sun is to
24. Spider is to Fly as Cat is to
25. Uncle is to Aunt as Brother is to
26. Liquid is to Solid as Water is to
27. Tuesday is to Wednesday as Wednesday is to
28. Wash is to Face as Sweep is to
29. Tailor is to Baker as Clothes is to
30. Pale Yellow is to Deep Yellow as Pink is to
31. Fire is to Hot as Ice is to
32. Cork is to Water as Balloon is to
33. Man is to Woman as Boy is to
34. Steamer is to Pier as Train is to
35. Sky is to Blue as Grass is to
36. Once is to One as Twice is to
37. Cat is to Fur as Bird is to
38. Library is to Books as Greenhouse is to
39. Gulf is to Sea as Cape is to
40. Three is to One as Yard is to
41. Oyster is to Shell as Banana is to
42. Good is to Bad as Long is to
43. Eat is to Bread as Drink is to
44. James is to Jimmie as William is to
45. Seeing is to Eye as Hearing is to
46. Fruit is to Orange as Vegetable is to
47. Trunk is to Elephant as Hand is to
48. Sit is to Chair as Sleep is to
49. Half-sovereign is to Gold as Bullet is to
50. Cradle is to Baby as Stable is to

OPPOSITES.

Against every word write another which means
the opposite of the printed word.
Work as quickly as you can.

ANSWER.

- 1 OLD
- 2 POOR.....
- 3 BIG
- 4 EARLY
- 5 LONG.....
- 6 EASY.....
- 7 INSIDE
- 8 PRETTY
- 9 BOY
- 10 WET
- 11 KIND.....
- 12 WINTER
- 13 WOMAN
- 14 SLOW
- 15 WHITE.....
- 16 UPWARDS
- 17 LOUD
- 18 CROOKED
- 19 CHEAP
- 20 BUSY.....
- 21 SUNRISE
- 22 BROTHER
- 23 BORROW.....
- 24 CLEAN
- 25 COMMON
- 26 WARM
- 27 TIGHT
- 28 MOUNTAIN.....
- 29 FATHER
- 30 TRUE
- 31 SHUT.....
- 32 FEMALE
- 33 FEW
- 34 HEAVY.....
- 35 MULTIPLY
- 36 ABSENT
- 37 LOVING
- 38 QUESTION
- 39 NOW
- 40 POLITE.....
- 41 EAST.....
- 42 ENEMY.....
- 43 NOBODY
- 44 GLAD
- 45 TOP
- 46 POSSIBLE.....
- 47 COME
- 48 FRONT
- 49 DAY
- 50 TAME

SYNONYMS.

Against each word write another word which expresses, as nearly as possible, the same meaning.
Work as quickly as you can.

ANSWER.

- 1 ACTIVE
- 2 AFFECTIONATE
- 3 ANGER.....
- 4 ASSERT
- 5 ATTEND
- 6 BAD
- 7 BEAUTIFUL
- 8 BEGIN
- 9 CAUSE
- 10 CHANGE
- 11 CLEVER
- 12 CLOTH
- 13 COLLECTION
- 14 CURIOUS
- 15 DECEIVE.....
- 16 DECIDE
- 17 DESTROY
- 18 DIFFICULTY
- 19 FASTEN
- 20 FREE
- 21 FUNNY
- 22 GREAT.....
- 23 HIDDEN
- 24 HONEST
- 25 IMPORTANT
- 26 INQUIRE
- 27 INSANE
- 28 KNOWLEDGE
- 29 NASTY
- 30 OBSTINATE
- 31 OBVIOUS
- 32 PLEASURE
- 33 POOR
- 34 PROUD.....
- 35 REAL
- 36 REJECT
- 37 SIGN
- 38 SLOW
- 39 SPOILED
- 40 SUCCEED.....
- 41 SUPERIOR
- 42 TEMPT
- 43 TIMID
- 44 TROUBLE
- 45 UNTRUTH
- 46 USEFUL
- 47 VULGAR
- 48 WEAK
- 49 WISH
- 50 WORK

REASONING TEST.

c9206/28

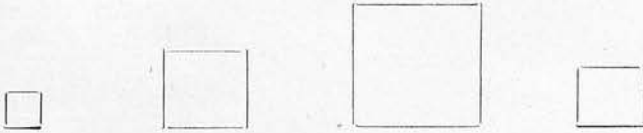
INSTRUCTIONS.

1. Put a dot under this line : _____

2. Write a capital letter S in this square : ☐

3. Cross out both A's in the word "**ADA**."

4. Write ten (in figures) in the largest square :



5. Make a girl's name by adding one letter to "Mar....."

6. If you have had your breakfast to-day, write Y for yes ; if not, write N for no.

7. John had four big beads—white, red, green, and blue. He has given the green one to Tom, and the white and blue ones to Jane. Write down which he has kept ?

8. What do I need to light a fire besides matches, coal, and wood ? Write the first letter of the word only.

9. Suppose it were Sunday to-day. What day would it have been the day before yesterday ?

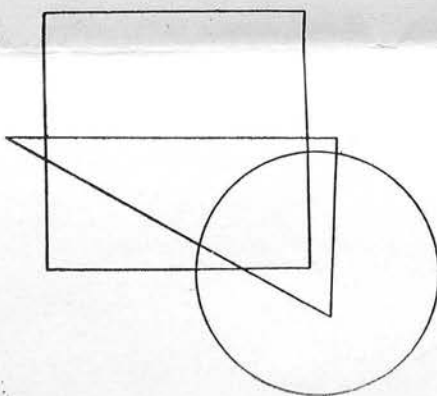
10. What number follows next but one after 19 ?

11. If February comes after January, make two crosses here ; but if not, make one cross here.

12. Suppose your mother were ill and sent you for the doctor, but you found it was raining. Think what you should do : (1) Wait until the rain has stopped ? (2) Get a mackintosh or umbrella, and go at once through the rain ? (3) Go to the Post Office and telegraph to him ? (4) Ask your little sister to go instead ? Write here the number of the correct answer.

13. Draw a line under the word which contains the first letter of the alphabet more times than any other word in this list does : **cap, Adam, atlas, black, almanac, bluebottle.**

14. Put a figure 1 in the space which is inside both the triangle and the square, but not inside the circle ; put a figure 2 in the space which is inside the square, but outside both the circle and triangle.



15. "It takes about minutes to boil an egg." A number is missing from this sentence ; if it is more than 10, write it here ; if it is less, show the number by making strokes here.
16. Cross out the three wrong words in the following sentence : "**Most motor-cars are driven by wind, steam, petrol, gas.**"
17. A **wheel** is part of a **cart** ;
An **foot** is part of an **inch** ?
If one sentence only is correct, cross out the last word in the incorrect sentence ; if both are true, write your name here ; otherwise do nothing.
18. Fill in the missing word : "Daisies, tulips, lilies, and buttercups are all"
19. In the following sentence only one word out of the last five is needed. Put a ring round the word that is right : "Nights are longest in **June, summer, jellyfish, winter, Perth.**"
20. Draw a line from the corner marked A, passing across the first square, between the second and sixth squares, between the sixth and seventh squares, under the seventh square, between the eleventh and twelfth squares, and across the sixteenth square to the corner marked B.

A	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
B				

21. In the following words find one letter which is contained in only three of the words, and then cross out the remaining word which does not contain that letter :

heap, April, drake, lark.

23. Write down four more words made up (like the first two words) out of three or four of the following letters : **A, E, R, T.**

(1) **ate**, (2) **tare**, (3)..... (4)..... (5)..... (6).....

24. Read these words, and think what their meaning would be if they were in their right order :

people church dance go to to.

If the sentence is untrue, put a line round the word which makes it wrong. But if the sentence is true, cross it all out.

"STANDARDS" TEST.—1

- 1 After stepping on somebody's toes by accident,
you should
 - () call for help
 - () take your own part
 - () beg his pardon
- 2 You should not break windows for fun, because
 - () it makes trouble for others
 - () the glass may cut you
 - () you may be found out and punished
- 3 You should not take apples from another man's garden, because
 - () too many apples give you a stomach-ache
 - () the apples are not yours
 - () the apples may not be ripe
- 4 Children should not run away from home, because
 - () they will have to earn their own living
 - () their parents will be worried about them
 - () they may get hurt
- 5 You should not take a penny from a blind man's hat, because
 - () he will hear you take it out
 - () it is only a penny
 - () that's how he earns his living
- 6 You should not steal a motor-car for a "joy-ride," because
 - () you may be arrested for speeding
 - () you are taking somebody else's property
 - () you may have an accident
- 7 You should not throw hot water on a cat, because
 - () you only waste the water
 - () hot water hurts the cat
 - () cats bathe in cold water
- 8 You should not set fire to a house, because
 - () you are needlessly destroying property
 - () people may be living there
 - () Some houses are made of wood
- 9 All traffic going one way keeps to the same side of the street, because
 - () most people are right-handed
 - () the traffic police-man insists on it
 - () it avoids confusions and collisions
- 10 Parents should be made to send their children to school, because
 - () it prepares them for later life
 - () it keeps them out of mischief
 - () they are too young to work
- 11 You should not kill yourself, because
 - () you will be sorry later
 - () you will not be arrested
 - () your life should not be wasted
- 12 You should not break into a building to rob it, because
 - () you are taking what does not belong to you
 - () you might lose your way
 - () you might be put in jail for it

Date..... Name..... Class..... Age.....

Place a tick in the column which applies to the child under consideration

1 2 Both Neither

(1)

(2)

SOCIAL.

1. Plays with others	or	plays alone
2. Leaves others alone	or	interferes with others
3. Gentle with others	or	rough with others
4. Helps other children	or	does not help others
5. Keeps order	or	creates confusion
6. Studies others behaviour	or	ignores others behaviour
7. Leads older children	or	follows older children
8. Defends his own rights	or	does not defend own rights
9. Popular	or	not popular
10. Not domineering	or	is domineering
11. Is unselfish	or	selfish
12. Is sympathetic	or	not sympathetic
13. Is affectionate	or	not affectionate
14. Co-operates with others	or	does not co-operate
15. Is not very talkative	or	very talkative
16. Is not very silent	or	very silent
17. Is unobtrusive	or	shows off obtrusively
18. Does not seek attention	or	seeks attention
19. Adjusted to authority	or	reacts against authority
20. Is obedient	or	disobedient
21. Is sensitive to criticism	or	indifferent to criticism
22. Trustworthy in adult's absence	or	not trustworthy

PERSONAL.

1. Is independent	or	dependent
2. Is self-confident	or	not self-confident
3. Is energetic	or	lethargic
4. Is quiet	or	noisy
5. Is quick in action	or	slow in action
6. Is persistent	or	gives up easily
7. Is careful	or	careless
8. Is purposeful	or	aimless
9. Concentrates	or	is easily distracted
10. Is curious	or	incurious
11. Not destructive	or	destructive
12. Original in play	or	not original in play
13. Imaginative	or	unimaginative

EMOTIONAL.

1. Cheerful	or	grave
2. Not variable in mood	or	variable in mood
3. Spontaneous	or	restrained
4. Not self-conscious	or	self-conscious
5. Not nervous	or	nervous
6. Not deceptive	or	deceptive
7. Not excitable	or	excitable
8. Controls tears	or	cries easily
9. Venturesome	or	timid
10. Little disturbed by observation	or	much disturbed by observation
11. Deliberates	or	is impulsive
12. Does not show temper	or	shows temper
13. Does not sulk	or	sulks
14. Is patient	or	impatient
15. Is forgiving	or	revengeful

Score

AVERAGE % score.....

Age norm
% score